

ARTICLE II

HEALTH AND HUMAN SERVICES

Section 1. The several sums of money herein specified, or so much thereby as may be necessary, are appropriated out of any funds in the State Treasury not otherwise appropriated, or out of special funds as indicated, for the support, maintenance, or improvement of the designated health and human services agencies.

DEPARTMENT ON AGING

	For the Years Ending	
	August 31, 2000	August 31, 2001
A. Goal: SERVICES AND OPPORTUNITIES		
To enable older Texans to live dignified, independent, and productive lives within a safe living environment through an accessible, locally-based, comprehensive and coordinated continuum of services and opportunities.		
Outcome (Results/Impact):		
Percent of Older Population Receiving Services Who Are Low-Income	78%	79%
Percent of Older Population Receiving Services Who are Moderately to Severely Impaired	25%	26%
Percent of Older Population Receiving Services Who Remained Independent Due to Services	90%	90%
Percent of Nursing Homes With a Certified Ombudsman	77%	81%
A.1.1. Strategy: CONNECTIONS	\$ 8,522,709	\$ 8,522,709
Provide a statewide, locally-based system that connects people with the services and benefits they need through ombudsman services, Options case management, information and legal assistance.		
Output (Volume):		
Number of Certified Ombudsmen	892	938
Number of Persons Receiving Options Case Management	10,409	10,409
Number of Unlicensed Assisted Living Facilities Identified	200	300
Efficiencies:		
TDOA Cost per Certified Ombudsman	2,267	2,267
TDOA Cost per Options Case Management Client	198	198
A.1.2. Strategy: NUTRITION SERVICES	\$ 36,413,923	\$ 36,413,923
Provide a statewide, locally-based system of nutrition services that includes meals, counseling, and education designed to promote good health and to prevent illness.		
Output (Volume):		
Number of Congregate Meals Served	4,816,766	4,816,766
Number of Home Delivered Meals Served	4,535,928	4,535,928
Number of Meals Reimbursed by USDA	15,000,000	15,000,000
Efficiencies:		
TDOA Cost per Congregate Meal	2.83	2.83
TDOA Cost per Home-delivered Meal	2.56	2.56
USDA Reimbursement Rate per Meal	.5539	.5539
Explanatory:		
Unit Cost per Congregate Meal	3.61	3.61
Unit Cost per Home-delivered Meal	3.77	3.77

DEPARTMENT ON AGING
(Continued)

A.1.3. Strategy: INDEPENDENCE/PRODUCTIVITY Provide a statewide, locally-based system of services designed to maintain personal independence through the provision of supportive services, transportation, and senior center activities; and provide opportunities for increased personal productivity through community service volunteering.	\$ 13,156,560	\$ 13,156,560
Output (Volume):		
Number of Persons Receiving Homemaker Services	4,725	4,725
Number of One-way Trips (Demand-response Transportation Services)	1,813,416	1,813,416
Efficiencies:		
TDOA Cost per Person Receiving Homemaker Services	357	357
TDOA Cost per One-way Trip	2.44	2.44
Total, Goal A: SERVICES AND OPPORTUNITIES	\$ 58,093,192	\$ 58,093,192
B. Goal: DIRECT AND INDIRECT ADMIN Direct and Indirect Administrative and Support Costs		
B.1.1. Strategy: DIRECT AND INDIRECT ADMIN Direct and Indirect Administrative and Support Costs	\$ 2,242,043	\$ 2,242,044
Grand Total, DEPARTMENT ON AGING	\$ 60,335,235	\$ 60,335,236
Method of Financing:		
General Revenue Fund		
General Revenue Fund	\$ 4,420,303	\$ 4,420,303
GR Match for Federal Funds (Department on Aging)	3,068,838	3,068,838
Earned Federal Funds	25,000	25,000
Subtotal, General Revenue Fund	\$ 7,514,141	\$ 7,514,141
Federal Funds	52,821,094	52,821,095
Total, Method of Financing	\$ 60,335,235	\$ 60,335,236
Number of Full-time Equivalent Positions (FTE)	35.0	35.0
Schedule of Exempt Positions and Per Diem of Commission Members		
Executive Director, Group 2	\$65,000	\$65,000
Per Diem of Commission Members	4,400	4,400

- Data on RSVP Matching Funds Required.** It is the intent of the Legislature that the Department on Aging maintain data on the amount of matching funds required for federal grants to local retired senior volunteer programs. The department shall submit to the Legislative Budget Board and the Governor's Budget Office by October 1 of each fiscal year, a report in such detail as the two budget offices may require.
- Unit Cost Reporting Required.** It is the intent of the Legislature that the Texas Department on Aging maintain a reporting system that clearly and accurately identifies the unit cost of each service provided by each Area Agency on Aging for all strategies, except for volunteer services in A.1.3., and that the results of this unit cost reporting be provided to the Legislative Budget Board and the Governor's Budget Office semi-annually and in a form that the two budget offices may require.

DEPARTMENT ON AGING
(Continued)

3. **Memorandum of Agreement: Options for Independent Living Program.** It is the intent of the Legislature that the Texas Department on Aging will maintain a Memorandum of Agreement with the Texas Department of Human Services which specifies that there will be no duplication of services to elderly clients served by the "Options" program and elderly clients served by the Texas Department of Human Services.
4. **Appropriation and Unexpended Balances: Affordable Housing for the Elderly.** Funds appropriated above include fees collected pursuant to Section 394.902, Local Government Code, and Section 101.022, Human Resources Code, as amended, for the purpose of promoting affordable housing for the elderly. The Department on Aging shall submit a report to the Legislative Budget Board and the Governor by October 1 of each year. The report shall identify for the prior fiscal year the amount of fees collected and deposited into the General Revenue Fund, the dollar value of grants issued with such funds, the number of persons or entities receiving grants, and the specific purposes for which grants were issued.

Contingent upon certification by the Department on Aging and verification by the Comptroller, all fees collected in excess of \$90,000 each year of the biennium (estimated to be \$110,000 in fiscal year 2000 and \$121,000 in fiscal year 2001) are hereby appropriated to the Department on Aging to promote affordable housing for the elderly. The Department on Aging shall provide written notification of the agency's intention to expend fee-generated general revenue in excess of \$90,000 each year of the biennium to the Legislative Budget Board and the Governor at least 14 days prior to the planned expenditure, and document the amount and specific purpose of the planned expenditure. Any unexpended balances in fees collected to promote affordable housing for the elderly for the fiscal year ending August 31, 2000, may be carried forward into fiscal year 2001, and such balances are hereby appropriated.

5. **Area Agencies on Aging.** It is the intent of the Legislature that if the Department on Aging plans to alter local planning and service areas in effect on September 1, 1999, that the department receive approval from the Health and Human Services Commission and that the Governor and the Legislative Budget Board be notified before the adoption of such plans.
6. **Sunset Contingency.** Funds appropriated above for fiscal year 2001 for the Department on Aging are made contingent on the continuation of the Department on Aging by the Legislature. In the event that the agency is not continued, the funds appropriated for fiscal year 2000 or as much thereof as may be necessary are to be used to provide for the phase out of agency operations.

COMMISSION ON ALCOHOL AND DRUG ABUSE

	For the Years Ending	
	August 31, 2000	August 31, 2001
A. Goal: SERVICES DISTRIBUTION		
Provide for the delivery of substance abuse prevention, intervention, and treatment services based on need throughout the state.		
Outcome (Results/Impact):		
Percent of Treatment Providers Who Also Provide Family Services	35%	40%
Percent of Youth Completing Treatment Programs Who Report They Are Abstinent When Contacted Following Discharge	87%	87%
Percent of Unemployed Adults Completing Treatment Programs Who Report They Are Employed When Contacted Following Discharge	59%	59%

COMMISSION ON ALCOHOL AND DRUG ABUSE
(Continued)

Percent of Youth Who Report They Are Abstinent When Contacted Following Discharge	83%	83%
Percent of Adults Entering Treatment Programs Who Report They Are Abstinent When Contacted Following Discharge	77%	77%
A.1.1. Strategy: PREVENTION SERVICES Implement community and family based prevention services to increase resilience and reduce the risk of chemical use, abuse and dependency in Texas.	\$ 31,430,432	\$ 31,430,382
Output (Volume): Number of Adults Served in Prevention Programs	68,828	68,828
Number of Youth Served in Prevention Programs	183,259	183,259
Efficiencies: Average Cost per Youth for Prevention Services	120.96	120.96
Average Cost per Adult for Prevention Services	134.59	134.59
A.1.2. Strategy: INTERVENTION SERVICES Implement community and family based intervention services to interrupt the illegal use of alcohol, tobacco, and other drugs by youth and to break the cycle of harmful use of legal substances and all use of illegal substances by adults.	\$ 27,265,362	\$ 27,260,196
Output (Volume): Number of Adults Served in Intervention Programs	208,482	208,443
Number of Youth Served in Intervention Programs	201,996	201,957
A.1.3. Strategy: TREATMENT SERVICES Implement a continuum of community and family based treatment and related services for chemically dependent persons.	\$ 86,195,863	\$ 85,346,333
Output (Volume): Percent of Adults Completing Treatment Programs	70%	70%
Percent of Youth Completing Treatment Programs	60%	60%
Efficiencies: Average Cost per Adult Served in Treatment Programs	2,254	2,254
Average Cost per Youth Served in Treatment Programs	4,857	4,857
Explanatory: Number of Adults Served in Treatment Programs	27,896	27,520
Number of Youth Served in Treatment Programs	3,510	3,510
Number of Dual Diagnosis Clients Served	5,350	5,350
A.1.4. Strategy: CRIMINAL JUSTICE TREATMENT Provide criminal justice based chemical dependency services.	\$ 6,500,000	\$ 6,500,000
A.2.1. Strategy: COMPULSIVE GAMBLING Provide problem gambling awareness and prevention services.	\$ 375,000	\$ 375,000
Output (Volume): Number of Telephone Calls to Gambling Prevention Hotline	45,863	45,863
Total, Goal A: SERVICES DISTRIBUTION	<u>\$ 151,766,657</u>	<u>\$ 150,911,911</u>
B. Goal: QUALITY ASSURANCE Ensure value, safety and accountability of substance abuse prevention, intervention, and treatment services.		
Outcome (Results/Impact): Percent of Programs in Compliance with State and Federal Mandates	96%	96%

COMMISSION ON ALCOHOL AND DRUG ABUSE
(Continued)

B.1.1. Strategy: COMPLIANCE Verify and enforce compliance with regulatory and funding requirements.	\$	3,831,553	\$	3,844,348
Output (Volume): Number of Field Audits Performed		95		95
Efficiencies: Average Cost per Audit		2,496		2,496
B.1.2. Strategy: PERFORMANCE MANAGEMENT Optimize performance quality and cost efficiency through the funding, managing, and monitoring of services.	\$	<u>5,302,041</u>	\$	<u>5,472,373</u>
Output (Volume): Number of Provider Performance Reviews Conducted		505		505
Total, Goal B: QUALITY ASSURANCE	\$	<u>9,133,594</u>	\$	<u>9,316,721</u>
C. Goal: INDIRECT ADMINISTRATION				
C.1.1. Strategy: CENTRAL ADMINISTRATION	\$	2,132,316	\$	2,121,940
C.1.2. Strategy: INFORMATION RESOURCES	\$	1,221,108	\$	1,247,560
C.1.3. Strategy: OTHER SUPPORT SERVICES	\$	<u>703,395</u>	\$	<u>698,397</u>
Total, Goal C: INDIRECT ADMINISTRATION	\$	<u>4,056,819</u>	\$	<u>4,067,897</u>
Grand Total, COMMISSION ON ALCOHOL AND DRUG ABUSE	\$	<u><u>164,957,070</u></u>	\$	<u><u>164,296,529</u></u>
Method of Financing:				
General Revenue for Substance Abuse Prevention and Treatment Block Grant	\$	27,256,268	\$	27,256,268
Federal Funds		136,288,867		135,628,326
<u>Other Funds</u>				
Appropriated Receipts		165,830		165,830
Interagency Contracts		<u>1,246,105</u>		<u>1,246,105</u>
Subtotal, Other Funds	\$	<u>1,411,935</u>	\$	<u>1,411,935</u>
Total, Method of Financing	\$	<u><u>164,957,070</u></u>	\$	<u><u>164,296,529</u></u>
Number of Full-time Equivalent Positions (FTE)		244.5		244.5
Schedule of Exempt Positions				
Executive Director, Group 4		\$90,000		\$90,000

1. **Capital Budget.** None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in this provision as appropriations either for "Lease payments to the Master Lease Purchase Program" or for items with an "(MLPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of V.T.C.S., Art. 601d, Sec. 9A.

COMMISSION ON ALCOHOL AND DRUG ABUSE
(Continued)

	<u>2000</u>	<u>2001</u>
Out of Federal Funds:		
a. Acquisition of Information Resource Technologies		
(1) Integrated Management System	\$ 56,000	\$ 110,000
b. Acquisition of Capital Equipment and Items		
(1) Modular Furniture (MLPP Payments for 1996-97 Acquisitions)	<u>\$ 65,712</u>	<u>\$ 0</u>
Total, Capital Budget	<u><u>\$ 121,712</u></u>	<u><u>\$ 110,000</u></u>
2. Screening of Alcoholics and Drug Abusers Authorized. From funds appropriated above, the Texas Commission on Alcohol and Drug Abuse may grant, through contract, funds to support the screening of alcoholics and drug abusers prior to institutionalization in a state facility. The Commission may furthermore develop new alternatives to the institutionalization of alcoholics and drug abusers through services provided by community mental health centers and alcohol and drug abuse providers.		
3. Data Collection Required. The Commission is required to collect billing, services, and client information from contractors on a monthly basis. Data shall be collected on the services provided to minority populations, including Native Americans. The Commission also shall document the expenditure of funds for training of personnel, staff development, public information, and other services that cannot be measured by direct client outcome.		
4. Agreements With Native American Population Authorities. The Texas Commission on Alcohol and Drug Abuse shall enter into agreements with Native American population authorities for the provision of substance abuse programs aimed at dealing with the prevention, intervention and treatment of alcoholics and drug abusers among the Native American population.		
5. Priority Populations Defined. The Legislature designates the following priority populations of the Commission:		
a. youth who currently are at risk of using or abusing, who currently abuse, or have abused, substances including youth in or referred by the juvenile justice system;		
b. people who have or are at risk of having human immunodeficiency virus infection through substance abusing behavior;		
c. substance abusers who have now, or who have at one time, entered the criminal justice system;		
d. substance abusers who are at risk of institutionalization or who currently are served in mental health facilities;		
e. substance abusers who have had children placed under the conservatorship of the Department of Protective and Regulatory Services;		
f. youth at-risk of selling controlled substances;		
g. women with children or women of child bearing years; and		
h. indigent veterans having received an honorable discharge.		
6. Youth At Risk of Selling Controlled Substances. Out of funds appropriated above, the Commission shall plan, develop, coordinate, evaluate, and implement constructive methods and programs to provide wholesome alternatives for youth at risk of selling controlled substances.		
7. Coordination of Support Services. Out of the funds appropriated above, the Commission is directed to enter into formal agreements with other health and human service agencies to facilitate referral and access for its clients to other needed ancillary services as determined by the client's treatment plan. Each client's treatment plan is to contain complete and appropriate		

COMMISSION ON ALCOHOL AND DRUG ABUSE

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medical, educational and/or vocational objectives that meet the needs of clients. The Commission shall provide technical aids and assistance to ensure that clients are provided or are referred to appropriate services. The Commission shall monitor its contractors to gauge the performance of its contractors regarding the provision and/or referral of clients to appropriate services. The Commission shall evaluate the impact that supportive services may have upon achieving successful treatment outcomes.

8. **Appropriations Limited to Revenue Collections.** It is the intent of the Legislature that fees, fines, and other miscellaneous revenues as authorized and generated by the agency cover, at a minimum, the cost of the appropriations made above for the licensing and regulation of chemical dependency counselors and chemical dependency treatment facilities in strategy item B.1.1., Compliance, as well as the “other direct and indirect costs” associated with this function, appropriated elsewhere in this Act. “Other direct and indirect costs” for the licensing and regulation of chemical dependency counselors and chemical dependency treatment facilities are estimated to be \$185,297 for fiscal year 2000 and \$186,769 for fiscal year 2001. In the event that actual and/or projected fee revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.
9. **Medicaid Programs - Revenue Enhancement.** Out of the funds appropriated above, local mental health authorities are encouraged to use these state funds to match federal Medicaid funds entitled rehabilitation services under the State Medicaid Plan, for those Medicaid eligible clients receiving substance abuse services by the local mental health authority. These funds may be expended on persons with co-occurring mental health and substance abuse diagnoses.
10. **HIV Contracting At TCADA.** The contracting of HIV services at the Texas Commission on Alcohol and Drug Abuse shall be as comprehensive as those at the Texas Department of Health and shall include, but is not limited to:
 - a. definitions of health services and support services to be provided;
 - b. requirements for licensure of facilities or service providers;
 - c. budgets, financial status reports, and standards for financial reports;
 - d. performance measures and standards;
 - e. fee schedules, where applicable; and
 - f. restrictions/limitations on the use of contract funds.
11. **Public/Private Partnership.** It is the intent of the Legislature that the Commission shall partner with private and other public entities to the greatest extent possible for the purpose of conserving state general revenue appropriations.
12. **Compulsive Gambling Prevention Programs.** The Texas Commission on Alcohol and Drug Abuse shall enter into an interagency agreement with the Lottery Commission by which the Lottery Commission shall provide \$375,000 for each year of the biennium to the Commission on Alcohol and Drug Abuse to maintain the Problem Gambler’s Hotline.
13. **Criminal Justice/Substance Abuse Initiative.** The Commission shall transfer \$6,500,000 each year of the biennium for the Treatment Alternatives to Incarceration Programs to the Department of Criminal Justice for the provision of substance abuse treatment programs for probationers.
14. **Sunset Contingency.** Funds appropriated above for fiscal year 2001 for the Texas Commission on Alcohol and Drug Abuse are made contingent on the continuation of the Texas Commission on Alcohol and Drug Abuse by the Legislature. In the event the agency is not continued, the funds appropriated for fiscal year 2000 or as much thereof as may be necessary are to be used to provide for the phase out of agency operations.

COMMISSION ON ALCOHOL AND DRUG ABUSE
(Continued)

15. **Notification of Regional Funds Distribution.** The Commission on Alcohol and Drug Abuse shall notify the Senate Finance Committee, House Appropriations Committee, Legislative Budget Board and the Governor's Office of Budget and Planning of the allocation methodology or formula used to allocate funds. This report shall include development of a statewide plan for substance abuse delivery services which:
- a. provides for reasonable geographic access to services;
 - b. is based upon equitable funding;
 - c. selects providers on a competitive basis; and
 - d. presents an impact analysis of any changes from the previous year's formula or percentage allocations, by public health region.

The report shall be submitted at least 30 days prior to allocations made out of funds appropriated above.

16. **Substance Abuse Funds.** Out of the funds appropriated above for Strategy A.1.1., Prevention Services, funds equal to \$2,093,868 shall be transferred to the Juvenile Probation Commission via an interagency transfer from the Texas Commission on Alcohol and Drug Abuse each year of the 2000-01 biennium for the purpose of funding substance abuse grants to local juvenile probation departments.
17. **Notification of Intent to Use Federal Grant Funds.** The Commission on Alcohol and Drug Abuse shall notify the Legislative Budget Board and the Governor of its intent to use additional Substance Abuse Prevention and Treatment grant funds in excess of the amounts specifically appropriated in the strategies above to fund services previously funded from other federal sources. This notification shall include the services to be provided, the original source of funding for the program or services, and the amount of the grant funds to be used. The notification shall be submitted at least 30 days prior to allocations made out of funds appropriated above.
18. **Use of Federal Funds Carryforward for Specific Programs.** Out of federal grant funds appropriated by this Act, the Commission on Alcohol and Drug Abuse shall expend in each year of the biennium the amounts specified below for the following programs:
- a. \$1,000,000 for the Texas-Mexico Border Initiative;
 - b. \$1,000,000 to provide prevention services to preschool children;
 - c. \$7,000,000 for Family-Based Services;
 - d. \$2,000,000 for the Dual Diagnosis program for clients with co-occurring substance abuse and mental illness;
 - e. \$700,000 for Transitional Living Services; and
 - f. \$542,155 for salaries for thirteen (13.0) full-time equivalents.

This level of funding for these programs may not be able to be maintained in the future due to the depletion of available federal grant funds.

19. **Advisory Committee Members.** Pursuant to Government Code, Section 2110.004, Reimbursement of Expenses, funds appropriated above may be expended to reimburse advisory committee members of the Statewide Service Delivery Advisory Committee, the Multicultural Affairs Advisory Committee, and the Regional Advisory Consortium.
20. **Detoxification Center for Adolescents.** Out of federal grant funds appropriated by this Act in Strategy A.1.3., Treatment, the Commission on Alcohol and Drug Abuse shall expend \$337,260 in each fiscal year of the 2000-01 biennium to fund a level 1 detoxification treatment center for adolescents in an urban area in Region 11b.

COMMISSION FOR THE BLIND

	For the Years Ending	
	August 31, 2000	August 31, 2001
A. Goal: INDEPENDENT LIVING		
To assist Texans who are blind or visually impaired to live as independently as possible consistent with their capabilities.		
Outcome (Results/Impact):		
Percent of Consumers Whose Dependent Living Risk Was Diminished	92%	92%
A.1.1. Strategy: INDEPENDENT LIVING SKILLS		
To provide a program of developing independent living skills.	\$ 1,627,729	\$ 1,627,387
Output (Volume):		
Number of Consumers Served	3,441	3,441
Efficiencies:		
Average Cost per Consumer Served	454	454
A.2.1. Strategy: HABILITATIVE SERVICES FOR CHILDREN		
To provide habilitative services to blind and visually impaired children.	\$ 2,940,159	\$ 2,940,159
Output (Volume):		
Number of Children Receiving Habilitative Services	7,774	7,774
Efficiencies:		
Average Cost per Child Served	404	404
A.2.2. Strategy: BLINDNESS EDUCATION		
Blindness Education, Screening and Treatment Program	\$ 960,000	\$ 960,000
Output (Volume):		
Number of Individuals Served by Blindness Education, Screening and Treatment (BEST) Program	10,667	10,667
Efficiencies:		
Average Cost per Individual Served by Blindness Education, Screening and Treatment (BEST) Program	90	90
Total, Goal A: INDEPENDENT LIVING	\$ 5,527,888	\$ 5,527,546
B. Goal: MAINTAIN EMPLOYMENT		
To assist Texans who are blind or visually impaired to secure or maintain employment in careers consistent with their skills, abilities, and interests.		
Outcome (Results/Impact):		
Percent of Consumers Successfully Rehabilitated Who Were Satisfied With Services	92%	92%
B.1.1. Strategy: VOCATIONAL REHABILITATION		
To provide vocational rehabilitation services to persons who are blind or visually impaired.	\$ 35,940,194	\$ 36,840,600
Output (Volume):		
Number of Consumers Served	11,330	11,480
Number of Consumers Receiving Post-Secondary Services	959	989
Efficiencies:		
Average Cost per Consumer Served	3,397	3,434
Average Cost per Individual Receiving Post-Secondary Services	3,749	3,749

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(Continued)

B.1.2. Strategy: BUSINESS ENTERPRISES PROGRAM	\$ 2,974,197	\$ 2,742,986
To provide employment opportunities in the food service industry for persons who are blind and visually impaired.		
Output (Volume):		
Number of Consumers Employed	137	145
Efficiencies:		
Average Program Administration Cost per Consumer	6,408	6,408
Total, Goal B: MAINTAIN EMPLOYMENT	\$ 38,914,391	\$ 39,583,586
C. Goal: INDIRECT ADMINISTRATION		
C.1.1. Strategy: CENTRAL ADMINISTRATION	\$ 1,765,543	\$ 1,795,543
C.1.2. Strategy: INFORMATION RESOURCES	\$ 888,500	\$ 863,763
C.1.3. Strategy: OTHER SUPPORT SERVICES	\$ 611,254	\$ 630,633
Total, Goal C: INDIRECT ADMINISTRATION	\$ 3,265,297	\$ 3,289,939
Grand Total, COMMISSION FOR THE BLIND	<u>\$ 47,707,576</u>	<u>\$ 48,401,071</u>
Method of Financing:		
<u>General Revenue Fund</u>		
General Revenue Fund	\$ 3,720,843	\$ 3,722,181
Earned Federal Funds	150,000	150,000
GR for Vocational Rehabilitation	6,263,943	6,274,056
GR for Match for Medicaid	<u>94,819</u>	<u>95,180</u>
Subtotal, General Revenue Fund	\$ 10,229,605	\$ 10,241,417
General Revenue Fund - Dedicated - Business Enterprise Program Account No. 492	1,476,782	1,476,782
Federal Funds	35,002,379	35,684,062
<u>Other Funds</u>		
Blind Commission Endowment Fund No. 493	116,867	116,867
Appropriated Receipts	811,943	811,943
Interagency Contracts	<u>70,000</u>	<u>70,000</u>
Subtotal, Other Funds	\$ 998,810	\$ 998,810
Total, Method of Financing	<u>\$ 47,707,576</u>	<u>\$ 48,401,071</u>
Number of Full-time Equivalent Positions (FTE)	616.5	618.5
Schedule of Exempt Positions		
Executive Director, Group 3	\$70,000	\$70,000

1. **Capital Budget.** None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in this provision as appropriations either for "Lease Payments to the

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(Continued)

Master Lease Purchase Program" or for items with an "(MLPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of V.T.C.S., Art. 601d, Sec. 9A.

	<u>2000</u>	<u>2001</u>
a. Repair or Rehabilitation of Buildings and Facilities		
(1) Paint and Remodel Selected Areas of Criss Cole Rehabilitation Center (CCRC)	\$ 180,000	\$ 55,000
(2) Public Address System for CCRC	25,000	0
(3) Replace HVAC Air-Handlers at CCRC	<u>\$ 70,000</u>	<u>\$ 35,000</u>
 Total, Repair or Rehabilitation of Buildings and Facilities	 <u>\$ 275,000</u>	 <u>\$ 90,000</u>
b. Acquisition of Information Resource Technologies		
(1) Braille Embosser	0	37,500
(2) Upgrade Telephone System	143,000	0
(3) Voice Mail System	35,000	0
(4) Automate BEP Facilities	176,000	0
(5) Purchasing System	100,000	0
(6) Personal Computer Replacements	448,120	352,250
(7) Printer Replacements	54,289	52,988
(8) A-14 Enterprise Server Software Re-Licensing	0	232,774
(9) Network Hub Upgrades	73,982	0
(10) Graphical User Interface Software	20,992	41,944
(11) Uninterrupted Power Supply Replacement	0	50,480
(12) Software	<u>\$ 132,728</u>	<u>\$ 2,795</u>
 Total, Acquisition of Information Resource Technologies	 <u>\$ 1,184,111</u>	 <u>\$ 770,731</u>
c. Transportation Items		
(1) Vehicles	42,500	85,000
d. Acquisition of Capital Equipment and Items		
(1) Establish and Refurbish Food Service Facilities	475,900	477,500
(2) Modular Furniture for Accounting Department	78,500	0
(3) Functional Furniture for Criss Cole Rehabilitation Center	<u>\$ 65,000</u>	<u>\$ 25,000</u>
 Total, Acquisition of Capital Equipment and Items	 <u>\$ 619,400</u>	 <u>\$ 502,500</u>
 Total, Capital Budget	 <u><u>\$ 2,121,011</u></u>	 <u><u>\$ 1,448,231</u></u>
 Method of Financing (Capital Budget):		
General Revenue Fund - Dedicated - Business Enterprise Program Account No. 492	\$ 732,711	\$ 513,500
Federal Funds	<u>1,388,300</u>	<u>934,731</u>
 Total, Method of Financing	 <u><u>\$ 2,121,011</u></u>	 <u><u>\$ 1,448,231</u></u>

COMMISSION FOR THE BLIND

(Continued)

2. **Central Supply Revolving Fund.** The Commission for the Blind may, under such rules and regulations as deemed necessary, maintain and operate on a reimbursable basis a Central Supply Revolving Fund in order to contribute to the efficiency and economy of the Commission under its control and management. The Central Supply Revolving Fund may be established and operated from funds appropriated to the Commission in such amounts as shall be necessary. All receipts deposited to this Fund are appropriated for the purchase of necessary operating supplies and materials for the biennium ending August 31, 2001. To reimburse the funds from which expenditures are made, the Commission may make fund transfers from the appropriations which receive the supplies, or may submit purchase vouchers through the office of the State Comptroller.
3. **Employee Work Assignments.** Employees assigned to the Criss Cole Rehabilitation Center or to special project facilities operated by the agency may, to the extent required for the effective direct provision of services to clients, be excepted from usual state policies regarding working hours, working days, and holidays. Insofar as possible, the work days and work hours of such employees shall be determined according to a system comparable to that used by other state-operated special schools, hospitals, institutions or other facilities providing residential services to eligible individuals.
4. **Reimbursement of Services.** In order to reimburse equitably the appropriation items hereinabove made from which expenditures are made for services to employees and guests of the Criss Cole Rehabilitation Center or other residential facilities operated by the Commission for the Blind, the Commission for the Blind shall establish such reimbursement rates and rules as might be necessary to assure reimbursement at rates not less than the rates of reimbursement required by institutions, agencies or offices under the jurisdiction of the Board of Health, Board of Mental Health and Mental Retardation and the Texas Youth Commission.
5. **Appropriation of Federal Medicaid Receipts.** The Commission for the Blind shall certify and/or transfer appropriated state funds to the Texas Medicaid Single State Agency so that federal financial participation can be claimed for Medicaid services. Such federal receipts are hereby appropriated to the commission to provide rehabilitative services to blind and visually impaired children.
6. **Fund Transfer.** The Texas Commission for the Deaf and Hard of Hearing (TCDHH) and the Texas Commission for the Blind (TCB) shall develop an interagency contract for the provision of administrative services to the TCDHH by TCB. General revenue funds in the amount of \$70,000 in FY 2000 and \$70,000 in FY 2001 shall be transferred from the TCDHH to TCB in accordance with the interagency contract.
7. **Reimbursement of Advisory Committee Members.** Pursuant to V.T.C.A., Government Code, Section 2110.004, reimbursement of expenses for Advisory Committee Members, out of funds appropriated above, is limited to the following advisory committees: State Independent Living Council, Elected Committee of Managers, Optometric Advisory Committee, Medical Advisory Council, and Consumer Advisory Committee.
8. **Sunset Contingency.** Funds appropriated above for fiscal year 2001 for the Commission for the Blind are made contingent on the continuation of the Commission for the Blind by the Legislature. In the event that the agency is not continued, the funds appropriated for fiscal year 2000 or as much thereof as may be necessary are to be used to provide for the phase out of agency operations.
9. **Notification of Federal Funds Distribution.** The Texas Commission for the Blind shall notify the Legislative Budget Board and the Governor of its intent to redirect General Revenue funds to obtain additional federal funds for the Vocational Rehabilitation program. The notification shall include the original purpose and item of appropriation for which the General Revenue Funds were appropriated, and the effect on measures and/or full-time equivalent positions for

COMMISSION FOR THE BLIND
(Continued)

all affected strategies. The notification shall be made at least 30 days prior to requesting additional federal funding for the Vocational Rehabilitation program.

10. **Sale of Property.** As an exception to other provisions of this Act, the Texas Commission for the Blind is hereby authorized to sell the apartments located at 4409 Avenue A, Austin, Texas, 78756. The proceeds from this sale, which are estimated to be \$400,000, will be deposited into the General Revenue Fund. The proceeds from the sale (\$400,000) are to be transferred from the General Revenue Fund and appropriated to the Texas School for the Blind and Visually Impaired for construction of a residential facility to be located at 1100 West 45th Street, Austin, Texas.
11. **Appropriation of Donations.** Included in the amounts above in Strategy A.2.2 is \$1,920,000 for the biennium for the Blindness Education, Screening, and Treatment Program, contingent upon the generation of funds through donations. All balances on hand as of August 31, 1999, and all revenues received from donations made in fiscal year 2000 and 2001, in excess of \$1,920,000 as provided by Section 521.421 (f) or Section 521.422 (b), Transportation Code, are hereby appropriated to the Commission for the Blind for purposes related to the Blindness Education, Screening, and Treatment Program.
12. **Contingency Reduction in Appropriations for House Bill 1400.** Contingent upon the enactment of House Bill 1400, Seventy-sixth Legislature, Regular Session, or similar legislation relating to limiting payments for services to the standard Medicare rates, the Commission for the Blind general revenue appropriations shall be reduced by \$74,976 in fiscal year 2000 and \$74,976 in fiscal year 2001.

CANCER COUNCIL

For the Years Ending	
August 31,	August 31,
<u>2000</u>	<u>2001</u>

Out of the General Revenue Fund:

A. Goal: CANCER SERVICES

To ensure that all Texans have prompt access to quality cancer prevention and control information and services in order to increase the number of Texans surviving or never developing cancer.

A.1.1. Strategy: ENHANCE CANCER SERVICES	\$	3,611,701	\$	3,631,701
Mobilize and assist public, private, and volunteer sector agencies and individuals to enhance the availability and quality of cancer prevention and control services and policies.				
Output (Volume):				
Number of Statewide, Regional, and Local Strategic Planning Initiatives Promoted by Direct Council Intervention or Contracts		25		25
Number of People Directly Served by Council-funded Cancer Prevention and Control Activities		780,000		780,000
Number of Health Care and/or Education Professionals Who Receive Council-funded Training or Materials		200,000		200,000
Efficiencies:				
Average Cost per Health Care and/or Education Professional Trained		25		25

CANCER COUNCIL
(Continued)

Explanatory:		
Annual Age-adjusted Cancer Mortality Rate	167	166
B. Goal: DIRECT AND INDIRECT ADMINISTRATION		
B.1.1. Strategy: DIRECT AND INDIRECT ADMINISTRATION	\$ 408,743	\$ 388,743
Grand Total , CANCER COUNCIL	<u>\$ 4,020,444</u>	<u>\$ 4,020,444</u>
Number of Full-time Equivalent Positions (FTE)	8.0	8.0
Schedule of Exempt Positions		
Executive Director, Group 2	\$57,691	\$57,691

1. **Unexpended Balances.** Any unexpended balances in the appropriations for the fiscal year ending August 31, 2000, may be carried forward into fiscal year 2001 and such balances are hereby appropriated.
2. **Reimbursement of Advisory Committee Members.** Pursuant to V.T.C.A. Government Code, Section 2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above, is limited to the following advisory committee: Texas Cancer Plan Advisory Committee.
3. **Sunset Contingency.** Funds appropriated above for fiscal year 2001 for the Texas Cancer Council are made contingent on the continuation of the Texas Cancer Council by the Legislature. In the event that the agency is not continued, the funds appropriated for fiscal year 2000 or as much thereof as may be necessary are to be used to provide for the phase out of agency operations.

CHILDREN'S TRUST FUND OF TEXAS COUNCIL

		For the Years Ending	
		August 31, 2000	August 31, 2001
A. Goal: CHILD ABUSE PREVENTION			
To promote and provide opportunities so that Texas children can grow to responsible and productive adulthood, free of threats to their dignity, physical safety, and emotional well-being.			
Outcome (Results/Impact):			
Percent of Agency Funds Expended on Direct Prevention Services		85%	85%
A.1.1. Strategy: GRANTS, ASSISTANCE, AND AWARENESS			
Provide community grants, technical assistance, and public awareness on the prevention of child abuse and neglect.	\$ 3,473,407	\$	3,473,417
Output (Volume):			
Number of Participants in CTF-funded Direct Prevention Programs		53,642	53,642
Number of Grants Awarded		111	111
Efficiencies:			
Average Cost per Participant in CTF-Funded Direct Prevention Programs		60.9	60.9
Average Dollar Amount per Grant		29,332	29,332

CHILDREN'S TRUST FUND OF TEXAS COUNCIL
(Continued)

B. Goal: INDIRECT ADMINISTRATION		
B.1.1. Strategy: INDIRECT ADMINISTRATION	\$ 385,934	\$ 385,935
Grand Total , CHILDREN'S TRUST FUND OF TEXAS COUNCIL	<u>\$ 3,859,341</u>	<u>\$ 3,859,352</u>
Method of Financing:		
General Revenue Fund - Dedicated - Children's Trust Fund of Texas Council Operating Account No. 541	\$ 1,900,488	\$ 1,900,487
Federal Funds	1,827,353	1,827,365
<u>Other Funds</u>		
Appropriated Receipts	31,500	31,500
Interagency Contracts	<u>100,000</u>	<u>100,000</u>
Subtotal, Other Funds	<u>\$ 131,500</u>	<u>\$ 131,500</u>
Total, Method of Financing	<u>\$ 3,859,341</u>	<u>\$ 3,859,352</u>
Number of Full-time Equivalent Positions (FTE)	9.0	9.0
Schedule of Exempt Positions		
Executive Director, Group 2	\$53,914	\$53,914

1. **Additional FTE Positions.** None of the funds appropriated above may be used to pay for any full-time equivalent (FTE) position that exceeds the Target established above unless the following conditions are met and written approval is obtained from the Legislative Budget Board:
- a. The agency shall submit to the Legislative Budget Board a written justification for the new position that includes a job description, salary and budget considerations, and program outcome measures associated with the new position. The Legislative Budget Board may request and the agency shall provide additional information as needed.
 - b. The agency shall submit a written status report to the Legislative Budget Board on a semi-annual basis that describes how the new position was used and progress toward attaining the program outcome measures associated with the new position.
 - c. The agency shall demonstrate full accountability for the use of funds and staff.
2. **Appropriation for Texas Children’s Memorial.** All gifts, grants, and donations made to the Children’s Trust Fund of Texas Council for the purpose of the Texas Children’s Memorial in excess of the amounts appropriated above are hereby appropriated to the Council for the purpose of building the Texas Children’s Memorial. Unless funds are specifically donated for the purpose of the Texas Children’s Memorial, funds may not be expended for that purpose. No revenue received pursuant to marriage license fees or the interest on those fees, and no federal funds, shall be used for the Texas Children’s Memorial.
3. **Provision of Direct Services.** The Children’s Trust Fund of Texas Council’s state plan for expending funds to prevent child abuse and neglect shall emphasize funding for programs that provide direct services such as mentoring, parenting skills, early intervention and prevention, services for high-risk parents, and services to families in crisis.

CHILDREN'S TRUST FUND OF TEXAS COUNCIL
(Continued)

4. **Limitation on Expenditures.** The Children's Trust Fund of Texas Council's expenditures for public awareness efforts relating to child abuse and neglect, including commemoratives and broad-based public relations campaigns, shall be limited to no more than fifteen percent of all funds appropriated to and available for expenditure by the Council during the fiscal year.
5. **Notification of Contracts.** The Children's Trust Fund of Texas Council shall notify the Governor's Office of any contracts at least 30 days prior to the contract being enacted. The Governor's Office shall have 30 days from notification to disapprove any contracts and to notify the Children's Trust Fund of Texas Council that the contract has not been approved. None of the funds appropriated above may be expended on the contract if the contract is disapproved by the Governor's Office. If notification from the Governor's Office is not received, the Children's Trust Fund of Texas Council may proceed with the contract. The Children's Trust Fund of Texas Council shall not contract with any individual or organization that is a registered lobbyist, nor shall the agency contract with any individual or organization to provide legislative monitoring, bill tracking, or any other service involving the legislature.
6. **Notification of Travel.** None of the funds appropriated above may be used to pay for out-of-state travel on official business by employees or members of the Children's Trust Fund of Texas Council unless the Children's Trust Fund of Texas Council has provided the Legislative Budget Board and the Governor's Office of Budget and Planning with advance written notification about the travel plans. None of the funds appropriated above may be used to pay for travel out of the country for the purpose of conducting business of the agency.
7. **Sunset Contingency.** Funds appropriated above for fiscal year 2001 for the Children's Trust Fund of Texas Council are made contingent on the continuation of the Children's Trust Fund of Texas Council by the Legislature. In the event that the agency is not continued, the funds appropriated for fiscal year 2000 or as much thereof as may be necessary are to be used to provide for the phase out of agency operations.
8. **Contingency Appropriation for Community-Based Family Resource and Support Grants Program.** Contingent upon designation of the Department of Protective and Regulatory Services as Lead Agency for the Community-Based Family Resource and Support Grants Program, all Federal Funds for the Community-Based Family Resource and Support Grants Program are hereby appropriated to the Department of Protective and Regulatory Services for grants, assistance and public awareness activities relating to the prevention of child abuse and neglect.
9. **Limitation on Expenditures for Indirect Administration.** The Children's Trust Fund of Texas Council's expenditures for indirect administration shall be limited to no more than 10 percent of the following amount: all moneys appropriated to and available for expenditure by the Council during the fiscal year less any moneys that are appropriated to the Department of Protective and Regulatory Services as Lead Agency for the Community-Based Family Resource and Support Grants Program during the fiscal year. Indirect administration includes but is not limited to all staffing, travel, information resources, administration of Family Pride Councils, and other operating expenses.
10. **Interagency Contract for Training.** Out of the General Revenue Fund-Dedicated-Children's Trust Fund of Texas Council Operating Account No. 541 amounts appropriated above, expenses for the training of members and staff of the Children's Trust Fund of Texas Council may only be paid under an interagency contract with the Department of Protective and Regulatory Services for the training of members and staff of the Children's Trust Fund of Texas Council.
11. **Quarterly Reporting Requirement.** The Children's Trust Fund of Texas Council shall report quarterly on all expenditures to the Legislative Budget Board, the State Auditor's Office and the Governor. Each report submitted to the Legislative Budget Board, the State Auditor's Office

CHILDREN'S TRUST FUND OF TEXAS COUNCIL
(Continued)

and the Governor pursuant to this provision must be accompanied by any supporting materials requested by the Legislative Budget Board, the State Auditor’s Office and the Governor.

- 12. **Legislative Influence Prohibited.** None of the funds appropriated to the Children’s Trust Fund of Texas Council by this Act, regardless of their source or character, shall be used for influencing the passage or defeat of any legislative measure.
- 13. **Rental of Office Space.** Contingent upon the availability of suitable state-owned office space, none of the moneys appropriated to the Children’s Trust Fund of Texas Council by this Act, regardless of their source or character, shall be used to pay for the rental or lease of office space located outside Travis County. The Commissioner of Health and Human Services or the General Services Commission shall identify existing state-owned office space in Travis County that can be rented or leased by the Children’s Trust Fund of Texas Council.
- 14. **Limitation on Number of Full-time Equivalent Positions.** Contingent upon designation of the Department of Protective and Regulatory Services as Lead Agency for the Community-Based Family Resource and Support Grants Program and notwithstanding any other provision of this Act, the number of full-time equivalent positions for the Children’s Trust Fund of Texas Council is limited to no more than 4.0 full-time equivalent positions.

COMMISSION FOR THE DEAF AND HARD OF HEARING

	For the Years Ending	
	August 31, 2000	August 31, 2001
A. Goal: SERVICES TO INDIVIDUALS		
To promote and regulate an effective system of services to individuals who are deaf or hard of hearing.		
Outcome (Results/Impact):		
Percent Increase in the Number of Individuals Who are Deaf and Hard of Hearing Receiving Communication Access Services	34%	.9%
A.1.1. Strategy: CONTRACT SERVICES	\$ 666,733	\$ 666,733
Contract for or provide communication access services for persons who are deaf or hard of hearing to include but not limited to communication access, communication access coordination, advocacy, information and referral, coping skills, nutrition, aging issues, reading, parenting, leadership, assistive listening devices, early intervention, and prevention of hearing loss.		
Output (Volume):		
Number of Contact Hours of Communication Access Services Provided	9,325	11,525
Efficiencies:		
Average Cost Per Contract	12,538	12,538
A.1.2. Strategy: TRAINING & EDUCATION	\$ 436,000	\$ 441,000
Ensure the quality of programs and services for persons who are deaf and hard of hearing through training and educational programs and advocacy and ombudsman services.		

COMMISSION FOR THE DEAF AND HARD OF HEARING
(Continued)

Output (Volume):			
Number of Individuals Trained	750		750
Efficiencies:			
Average Cost per Camper	280		280
A.1.3. Strategy: TELEPHONE ASSISTANCE	\$	343,704	\$ 343,704
Ensure equal access to the telephone system for persons who are deaf, hard of hearing or speech impaired.			
Output (Volume):			
Number of Equipment Vouchers Issued	11,000		11,000
A.2.1. Strategy: LICENSE INTERPRETERS	\$	169,000	\$ 172,000
License and regulate interpreters and regulate the use of interpreters.			
Output (Volume):			
Number of Licenses Issued	1,372		1,390
Efficiencies:			
Average Time for Complaint Resolution	120		120
A.2.2. Strategy: INTERPRETER TRAINING	\$	30,000	\$ 30,000
Monitor, regulate, and fund training programs for interpreters throughout Texas.			
Total, Goal A: SERVICES TO INDIVIDUALS	\$	1,645,437	\$ 1,653,437
B. Goal: INDIRECT ADMINISTRATION			
B.1.1. Strategy: INDIRECT ADMINISTRATION	\$	214,308	\$ 214,308
Grand Total, COMMISSION FOR THE DEAF AND HARD OF HEARING	\$	1,859,745	\$ 1,867,745
Method of Financing:			
General Revenue Fund	\$	981,508	\$ 981,508
Appropriated Receipts		470,469	473,469
Interagency Contracts		407,768	412,768
Total, Method of Financing	\$	1,859,745	\$ 1,867,745
Number of Full-time Equivalent Positions (FTE)		14.0	14.0
Schedule of Exempt Positions			
Executive Director, Group 2		\$64,200	\$64,200

1. **Fund Transfer.** The Texas Commission for the Deaf and Hard of Hearing and the Texas Commission for the Blind shall develop an interagency contract for the provision of administrative services to the TCDHH by TCB. General revenue funds in the amount of \$70,000 in fiscal year 2000 and \$70,000 in fiscal year 2001 shall be transferred from the TCDHH to TCB in accordance with the interagency contract.

COMMISSION FOR THE DEAF AND HARD OF HEARING
(Continued)

2. **Reimbursement of Advisory Committee Members.** Pursuant to V.T.C.A., Government Code, Section 2110.004, reimbursement of expenses for Advisory Committee Members is limited to the following advisory committees:

Board of Evaluation of Interpreters;
Hard of Hearing Task Force;
Deafness Task Force;
Trilingual Interpreting; and
Educational Interpreting Task Force.

3. **Appropriation: Unexpended Balances in Summer Camp Program.** Any unexpended and unobligated balances remaining as of August 31, 1999, in the appropriation made to the Commission for the Deaf and Hard of Hearing by House Bill 1, Seventy-fifth Legislature, Regular Session, in provision 105, Acceptance of Gifts of Money, page IX-98, are hereby reappropriated to the Commission, for the biennium beginning September 1, 1999, for the purpose of expenses related to the Commission's Summer Camp Program.
4. **Specialized Telecommunication Devices Revolving Account.** The Commission for the Deaf and Hard of Hearing is hereby appropriated \$110,000 from the General Revenue Fund to maintain and operate a revolving account. All receipts deposited to the account as reimbursement for services are appropriated to the agency. Any balances remaining in the account at the end of the fiscal year may be appropriated for the second year of the biennium. At the end of the biennium reimbursements shall be used to repay the General Revenue Fund and close out the revolving account established for the biennium, pursuant to the provisions of V.T.C.S., Article 1446C, Section 3.601.
5. **Sunset Contingency.** Funds appropriated above for fiscal year 2001 for the Commission for the Deaf and Hard of Hearing are made contingent on the continuation of the Commission for the Deaf and Hard of Hearing by the Legislature. In the event that the agency is not continued, the funds appropriated for fiscal year 2000 or as much thereof as may be necessary are to be used to provide for the phase out of agency operations.
6. **Appropriation: Unexpended Balances in Interagency Contracts (IAC) for Administrative Fees.** Unexpended and unobligated balances remaining as of August 31, 1999 up to \$100,000 in the appropriation of Interagency Contracts for Administrative fees made to the Commission for the Deaf and Hard of Hearing by House Bill 1, Seventy-fifth Legislature, for the purpose of specialized projects for individuals who are hard of hearing, are hereby reappropriated to the Commission, for the biennium beginning September 1, 1999, and any unexpended balances remaining as of August 31, 2000 are reappropriated for the same purpose for the fiscal year beginning September 1, 2000.
7. **Unexpended Balances for the Board for the Evaluation of Interpreters (BEI) Program.** Unexpended and unobligated balances in an amount not to exceed \$40,000 remaining as of August 31, 2000, in the appropriated receipts related to licensure fees for Strategy A.2.1. License Interpreters made to the Texas Commission for the Deaf and Hard of Hearing, are hereby appropriated to the Commission, for fiscal year 2001 beginning September 1, 2000, for the purpose of developing evaluation materials, validating interpreter evaluation materials, and expenses related to the Commission's Licensing Program.

INTERAGENCY COUNCIL ON EARLY CHILDHOOD INTERVENTION

	For the Years Ending	
	August 31, 2000	August 31, 2001
A. Goal: CHILDREN AT RISK OF DELAY		
To ensure that all children in Texas who are below the age of three and have developmental needs or are at risk of developmental delay receive comprehensive services that are provided in partnerships with families, within community contexts.		
Outcome (Results/Impact):		
Percent of Population Under Three Served	3.2%	3.2%
A.1.1. Strategy: ELIGIBILITY AWARENESS	\$ 562,702	\$ 562,702
Conduct a statewide public awareness and child find component in accordance with the federal regulations to ensure that families of eligible infants and toddlers are identified and advised of the importance of early intervention and know how to access services.		
Output (Volume):		
Number of Referrals Made to Local Programs	27,200	27,200
A.1.2. Strategy: RESOURCE COORDINATION	\$ 76,744,854	\$ 80,267,527
Administer and supervise a statewide system of services through the coordination of federal, state, and community resources to ensure that services are provided in partnerships with families, within community contexts.		
Output (Volume):		
Number of Children Served in Comprehensive Services	27,085	28,928
Efficiencies:		
Average Cost Per Child Served in Comprehensive Services Provided by State and Federal Funds	1,986	1,986
Average Cost Per Child Served in Comprehensive Services Provided by Local Community Contributions	527	527
A.1.3. Strategy: QUALITY ASSURANCE	\$ 803,427	\$ 803,427
Ensure the quality of services through a system of training and technical assistance, personnel standards, and procedural safeguards.		
Output (Volume):		
Number of Training and Technical Assistance Events Provided	230	230
Total, Goal A: CHILDREN AT RISK OF DELAY	<u>\$ 78,110,983</u>	<u>\$ 81,633,656</u>
B. Goal: INDIRECT ADMINISTRATION		
B.1.1. Strategy: INDIRECT ADMINISTRATION	<u>\$ 879,584</u>	<u>\$ 874,269</u>
Grand Total, INTERAGENCY COUNCIL ON EARLY CHILDHOOD INTERVENTION	<u><u>\$ 78,990,567</u></u>	<u><u>\$ 82,507,925</u></u>

INTERAGENCY COUNCIL ON EARLY CHILDHOOD INTERVENTION

(Continued)

Method of Financing:

General Revenue Fund		
General Revenue Fund	\$ 32,384,520	\$ 32,384,520
General Revenue Match for Medicaid	<u>820,081</u>	<u>820,081</u>
Subtotal, General Revenue Fund	<u>\$ 33,204,601</u>	<u>\$ 33,204,601</u>
Federal Funds	<u>45,785,966</u>	<u>49,303,324</u>
Total, Method of Financing	<u>\$ 78,990,567</u>	<u>\$ 82,507,925</u>
Number of Full-time Equivalent Positions (FTE)	66.0	66.0
Schedule of Exempt Positions		
Executive Director, Group 3	\$68,000	\$68,000

- Reimbursement of Advisory Committee Members.** Pursuant to V.T.C.A., Government Code, Section 2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above, is limited to the following advisory committee: Advisory Committee to the Interagency Council on Early Childhood Intervention.
- Reporting and Other Requirements.** The Interagency Council on Early Childhood Intervention, in coordination with the Health and Human Services Commission, shall establish procedures to ensure that third-party resources and Medicaid are billed for eligible services prior to use of state appropriations and federal Individuals with Disabilities Education Act (IDEA), Part C funds. The agency shall submit reports to the Legislative Budget Board, the Governor, and the Health and Human Services Commission, that provide the information about the enrolled children and funded services. The timetable, format and content of the reports shall be prescribed by the Legislative Budget Board.
- Sunset Contingency.** Funds appropriated above for fiscal year 2001 for the Interagency Council on Early Childhood Intervention are made contingent on the continuation of the Interagency Council on Early Childhood Intervention by the Legislature. In the event that the agency is not continued, the funds appropriated for fiscal year 2000 or as much thereof as may be necessary are to be used to provide for the phase out of agency operations.
- Funding for the Interagency Council on Early Childhood Intervention (ECI).**
 - Within the biennium, if it becomes necessary in order to qualify for federal funds, the Executive Director of the Interagency Council on Early Childhood Intervention shall certify, by February 1 of each fiscal year of the biennium, to the Commissioner of Health and Human Services that revenues needed to continue to serve all eligible children will exceed available revenue. The Commissioner of Health and Human Services shall evaluate the projected need and make a determination within thirty days as to whether a transfer of funds will be necessary. The total amount transferred due to this provision shall not exceed \$18,900,000 in available funds within Article II agencies for the biennium. All transfers made shall be subject to the prior approval of the Governor and Legislative Budget Board.
 - It is the intent of the Legislature that the Interagency Council on Early Childhood Intervention implement the recommendations of the Sunset Advisory Commission and establish procedures for the selection of providers and renewal of provider contracts based on "best value" practices which maximize the use of federal, private and local funding.
- Automated Record of Services.** Contingent upon the passage of HB 1503, or similar legislation continuing the Interagency Council on Early Childhood Intervention, the council

INTERAGENCY COUNCIL ON EARLY CHILDHOOD INTERVENTION
(Continued)

with the assistance and advice of the Health and Human Services Commission shall select an appropriate automated system or systems currently used by a state agency to plan, manage and maintain records of client services and shall develop an interagency contract for use of the selected system.

6. **Respite Care for Families.** It is the intent of the Legislature that \$1,000,000 in Tobacco Settlement Receipts for the biennium, appropriated in Article XII, shall be used for the purpose of providing respite care for families and the funds shall not be included in the State’s maintenance of effort (MOE) for the federal Individuals with Disabilities Education Act (IDEA), Part C grant.
7. **Contingency for House Bill 1503.** Contingent upon the enactment of House Bill 1503 or similar legislation by the Seventy-sixth Legislature, Regular Session, 1999, relating to the contracting of services to evaluate and determine an appropriate automated system or systems currently used by a state agency to plan, manage and maintain records of client services to the ECI population, there is hereby appropriated \$50,000 for fiscal year 2000 out of Federal Funds for the purpose of implementing the Act. In no event shall the amount of the contract exceed the amount appropriated by this provision.

DEPARTMENT OF HEALTH

	For the Years Ending	
	August 31, 2000	August 31, 2001
A. Goal: PREVENTION AND PROMOTION		
Assure that prevention and health promotion are integral parts of all services. Maximize the use of primary prevention, as well as early detection and management of care, in providing public health services. Promote individual and community commitment to the importance of good personal and environmental health.		
Outcome (Results/Impact):		
Percentage of Inspected Entities in Compliance with Statutes and/or Rules	78%	79%
Percentage of Eligible WIC Population Served	67%	68%
Percent of AIDS Cases Diagnosed Two Years Ago and Living 24 Months or More	76%	77%
Percentage of Tuberculosis Cases that Completed Therapy Within 12 Months	93%	93%
Vaccination Coverage Levels Among Children Aged 19-35 Months	75%	77%
A.1.1. Strategy: BORDER HEALTH & COLONIAS	\$ 1,383,576	\$ 1,233,086
Develop and implement a program designed to assist in the reduction of consumer, environmental, occupational and community health hazards along the Texas/Mexico border and in the "colonias" in a binational effort that coordinates with local providers and community leaders.		
A.1.2. Strategy: FOOD (MEAT) & DRUG SAFETY	\$ 17,060,342	\$ 17,060,342
Implement uniform and effective safety programs for food, drugs, and medical devices.		

DEPARTMENT OF HEALTH
(Continued)

Efficiencies:			
Average Cost per Surveillance Activity		174	173
A.1.3. Strategy: ENVIRONMENTAL HEALTH			
Develop and implement risk assessment and risk management programs in the areas of consumer products, occupational and environmental health, and community sanitation.	\$	6,784,977	\$ 6,784,977
Output (Volume):			
Number of Enforcement Actions Taken		5,509	5,411
Efficiencies:			
Average Cost per Surveillance Activity		161	161
A.1.4. Strategy: RADIATION CONTROL			
Develop and implement a comprehensive regulatory program for all sources of radiation using risk assessment and risk management techniques.	\$	7,211,387	\$ 7,211,387
Efficiencies:			
Average Cost per Surveillance Activity		231	228
A.2.1. Strategy: WIC FOOD & NUTRITION			
To provide nutrition services including food benefits to eligible low income (WIC) clients, nutrition education and counseling, and training on nutrition topics for health professionals.	\$	510,608,425	\$ 521,608,425
Output (Volume):			
Number of WIC Participants Provided Nutritious Food Supplements per Month		735,623	735,623
Efficiencies:			
Average Food Costs per Person Receiving Services		27.14	27.14
Explanatory:			
Incidence (Percent) of Low Birth Weight Babies Born to Women, Infants and Children Nutrition (WIC) Program Mothers		4.7%	4.7%
A.3.1. Strategy: SEXUALLY TRANSMITTED DISEASES (HIV)			
Provide HIV and STD education to prevent the spread of infection, diagnose individuals with STD/HIV, and link HIV/STD patients to health and social service providers for intervention.	\$	92,600,279	\$ 92,600,279
Output (Volume):			
Number of Persons Served by the HIV Medication Program		10,683	9,720
Number of Persons Provided HIV Prevention Counseling and Testing		134,000	134,000
A.3.2. Strategy: IMMUNIZATIONS			
Implement programs to immunize Texas residents.	\$	33,917,582	\$ 33,917,582
Output (Volume):			
Number of Doses Administered		7,694,826	7,694,826
Explanatory:			
Dollar Value (In Millions) of Vaccine Provided by the Federal Government		92	92

DEPARTMENT OF HEALTH
(Continued)

A.3.3. Strategy: PREVENTABLE DISEASES Implement programs to effectively reduce the incidence of preventable diseases such as zoonotic, chronic, communicable, (including tuberculosis) and dental disease, and enhance epidemiological activities to track reductions. Output (Volume): Number of Diabetes-Related Technical and Educational Consultations and Preventive Activities Provided	\$ 57,457,928	\$ 57,457,928
	77,641	85,405
A.3.4. Strategy: CHRONIC DISEASE SERVICES Provide prompt service and/or referral of all eligible applicants for chronic disease services. Output (Volume): Number of Technical and Educational Consultations Provided to Alzheimers Patients	<u>\$ 20,893,509</u>	<u>\$ 20,971,484</u>
	25,000	25,000
Total, Goal A: PREVENTION AND PROMOTION	<u>\$ 747,918,005</u>	<u>\$ 758,845,490</u>

B. Goal: MEDICAID SERVICES
Develop a comprehensive approach to client health.

Outcome (Results/Impact): Percent of Medicaid Managed Care Clients Less Than 12 Months of Age that Receive at Least One Comprehensive EPSDT/THSTEPS Screen	84%	90%
Percent of Managed Care Enrolled Children Aged 24 Months Fully Immunized as Appropriate for Age	59%	70%
Percent of Managed Care Enrolled Pregnant Women Receiving a Minimum of Ten Prenatal Visits, Scheduled as Appropriate for Gestational Age	47%	50%
Emergency Room Visits per 1000 Average Member Months per Year	613	605
Total Medicaid Recipient Months per Month	1,719,409	1,704,879
Total Average Monthly Premiums	166.72	171.1
B.1.1. Strategy: PREMIUMS: AGED & DISABLED Provide medically necessary health care in the most appropriate, accessible, and cost effective setting to: Medicaid Aged and Medicare related persons, and Medicaid Disabled and Blind Persons.	\$ 1,364,971,281	\$ 1,321,818,759
B.1.2. Strategy: PREMIUMS: TANF (AFDC) FAMILIES Provide medically necessary health care in the most appropriate, accessible, and cost effective setting to: TANF (formerly AFDC) adults and TANF (formerly AFDC) related children.	\$ 467,072,896	\$ 419,258,516
B.1.3. Strategy: PREMIUMS: PREGNANT WOMEN Provide medically necessary health care in the most appropriate, accessible, and cost effective setting to: Medicaid eligible pregnant women.	\$ 445,051,879	\$ 421,312,268
B.1.4. Strategy: PREMIUMS:CHILDREN/MEDICALLY NEEDY Provide medically necessary health care in the most appropriate, accessible, and cost effective setting to: Newborn Infants and Medicaid Eligible Children above the TANF (AFDC) income eligibility criteria, and Medically Needy Persons.	\$ 1,243,651,232	\$ 1,197,641,361

DEPARTMENT OF HEALTH
(Continued)

B.1.5. Strategy: MEDICARE PAYMENTS	\$	458,819,498	\$	499,316,880
Provide accessible premium-based health services to certain Title XVIII Medicare eligible recipients.				
Output (Volume):				
Supplemental Medical Insurance Part B (SMIB) Recipient Months per Month		377,541		388,867
Efficiencies:				
Average SMIB Premium per Month		49.97		55.4
B.1.6. Strategy: EPSDT-COMPREHENSIVE CARE	\$	118,034,393	\$	122,172,393
Provide diagnostic/treatment services for federally allowable Medicaid services for conditions identified through an EPSDT screen or other health care encounter but not covered or provided under the State Medicaid Plan.				
B.1.7. Strategy: COST REIMBURSED SERVICES	\$	149,841,755	\$	151,658,520
Provide medically necessary health care to Medicaid eligibles for services not covered under the insured arrangement including: federally qualified health centers, undocumented aliens, school health and related services.				
Output (Volume):				
Number of Enrolled Federally Qualified Health Centers		36		36
Number of Undocumented Aliens Served		3,621		3,693
Efficiencies:				
Average Undocumented Alien Cost per Month		2,613.84		2,613.84
B.1.8. Strategy: VENDOR DRUG PROGRAM	\$	938,759,442	\$	980,022,875
Provide prescription medication to Medicaid eligible recipients as prescribed by the treating physician.				
Output (Volume):				
Annual Medicaid Prescriptions Incurred		24,482,961		24,285,867
Efficiencies:				
Average Cost per Prescription		38.89		41.58
B.1.9. Strategy: MEDICAL TRANSPORTATION	\$	38,526,697	\$	41,667,405
Provide non-ambulance transportation for eligible Medicaid recipients to and from providers of Medicaid services.				
Efficiencies:				
Average Cost per One-Way Trip		10.87		11.24
Total, Goal B: MEDICAID SERVICES	\$	5,224,729,073	\$	5,154,868,977

C. Goal: HEALTH CARE STANDARDS
Assure availability of highest quality services to all Texans across the care continuum. Promote recruitment and retention of competent health care professionals. Remain flexible in responding to the public's needs and concerns.

Outcome (Results/Impact):				
Percentage of Licensed or Certified Professionals Out of Compliance With State Regulations		.05%		.05%
C.1.1. Strategy: HEALTH CARE STANDARDS	\$	14,995,047	\$	14,995,047
Implement program to ensure timely, accurate issuance of licenses, registration, certifications, permits and placing on a registry for health care professionals and implement cost-effective, efficient,				

DEPARTMENT OF HEALTH
(Continued)

consistent plan to license/certify and provide technical assistance to health care facilities.

Output (Volume):

Number of Health Care Professionals Licensed, Permitted, Certified, or Registered	107,950	110,900
Number of Complaint Investigations Conducted	1,500	1,500

C.2.1. Strategy: LABORATORY	\$	15,460,977	\$	15,460,970
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Operate a state-of-the-art reference laboratory to provide essential support to disease prevention and other TDH associateship programs in the isolation, identification, detection and verification of living/nonliving agents which cause disease and disabilities.

Output (Volume):

Work Time Units Produced	15,714,500	15,714,500
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C.2.2. Strategy: LABORATORY-BOND DEBT SVC	\$	3,139,566	\$	3,137,536
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Reference laboratory - bond debt service

Total, Goal C: HEALTH CARE STANDARDS	\$	33,595,590	\$	33,593,553
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D. Goal: PROMOTE EQUITABLE ACCESS

Minimize disparities in health status among all population groups. Promote reduction in disease and conditions which disproportionately affect minority populations. Allocate public health resources in a rational and equitable manner. Promote equitable access to quality medical care whether through private providers, public clinics, and/or private-public cooperative ventures. Work to obtain the support and commitment of elected officials at all levels to maintain and enhance the public's health.

Outcome (Results/Impact):

Number of Infant Deaths per Thousand Live Births (Infant Mortality Rate)	5.3	5
Percentage of Low Birth Weight Births	7.3%	7.4%
Number of Pregnant Females Age 13-19 per Thousand (Teen Pregnancy Rate)	67	68
Percent Reduction in the Number of Births to Teens Age 13-17 in Communities Funded for Abstinence Education Programs of Children Who Participate in Program	1%	1%
Percent THS (EPSDT) Eligible Population Screened-Medical	70%	75%

D.1.1. Strategy: MATERNAL AND CHILD HEALTH SERVICES	\$	51,506,527	\$	46,642,309
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Provide easily accessible maternal and child health services to low income women, infants, children and adolescents, including children with special health care needs.

Output (Volume):

Number of Infants and Children Age 1-20 Provided Services	86,465	74,237
Number of Women Provided Services	80,879	69,442

D.1.2. Strategy: FAMILY PLANNING	\$	65,472,000	\$	63,601,958
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Increase family planning services throughout Texas for teens and adult women.

Output (Volume):

Number of Women and Adolescents Receiving Family Planning Services	354,032	342,108
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DEPARTMENT OF HEALTH
(Continued)

Efficiencies:			
Average Annual Cost per Family Planning Client		171.48	172.16
D.1.3. Strategy: MEDICALLY DEPENDENT CHILDREN WAIVER			
Administer the Medically Dependent Children's Waiver Program (MDCP).	\$	15,197,610	\$ 15,200,631
Output (Volume):			
MDCP Clients Per Month		872	886
Efficiencies:			
MDCP Cost per Month		1,750	1,750
D.1.4. Strategy: SPECIAL NEEDS CHILDREN (CIDC)			
Administer the Chronically Ill and Disabled Children's program/ Children with Special Health Care Needs program.	\$	41,457,760	\$ 41,457,760
Output (Volume):			
Number of Paid Hospital Days for CIDC Clients		6,575	6,575
D.1.5. Strategy: ABSTINENCE BASED EDUCATION			
Increase Abstinence Based Education Programs in Texas.	\$	4,922,091	\$ 4,922,091
Output (Volume):			
Number of Persons Served in Abstinence Education Programs		100,140	100,140
D.2.1. Strategy: TEXAS HEALTH STEPS (EPSDT) MEDICAL			
Provide access to quality preventive and comprehensive diagnostic/ treatment services for eligible clients by maximizing the use of primary prevention, early detection and management of health care in accordance with all federal mandates.	\$	58,589,955	\$ 58,589,955
Output (Volume):			
Number of Active Medical Providers		2,814	3,095
Number of Newborns Receiving Hearing Screens		152,871	152,871
Efficiencies:			
Average Cost per THS (EPSDT) Client Receiving Medical Screens in Fee for Service Medicaid		68.15	69.5
D.2.2. Strategy: TEXAS HEALTH STEPS (EPSDT) DENTAL			
Provide dental care in accordance with all federal mandates.	\$	138,311,444	\$ 134,055,604
Output (Volume):			
Number of THS (EPSDT) Active Dental Providers		2,476	2,591
Efficiencies:			
Average Cost per THS (EPSDT) Dental Client		195.01	193.5
D.3.1. Strategy: COMMUNITY HEALTH SERVICES			
Develop systems of primary and preventive health care delivery to alleviate the lack of health care in underserved areas of Texas; and develop and implement program policies that are sensitive and responsive to minority populations.	\$	16,981,280	\$ 16,881,274
Output (Volume):			
Number of COPC Eligible Patients Provided Access to Primary Care Services		110,000	110,000

DEPARTMENT OF HEALTH
(Continued)

D.3.2. Strategy: RURAL HEALTH CARE ACCESS	\$ 1,817,707	\$ 1,817,707
Develop programs to alleviate the lack of access to primary and preventive health care in rural areas of Texas.		
Output (Volume):		
Number of Primary Care Practitioners Recruited to Rural Communities	160	175
Total, Goal D: PROMOTE EQUITABLE ACCESS	\$ 394,256,374	\$ 383,169,289

E. Goal: COORDINATED HEALTH SYSTEM
Establish a coordinated, unified statewide system of public health. Provide for effective public health policy leadership in every area of the state. Be involved with other health, human services, and environmental agencies, the private sector and the public in the development of policy and delivery of services.

Outcome (Results/Impact):		
Percentage of Reported Cases of Tuberculosis That Are Treated Appropriately	100%	100%
Percent Change in Burden of Disease, Disability and Death Index	2%	1%
E.1.1. Strategy: VITAL STATISTICS	\$ 3,385,176	\$ 3,385,176
Provide for a cost-effective, timely and secure system for recording, certifying, and disseminating information relating to births, deaths, fetal deaths, marriages, and divorces occurring in this state.		
Efficiencies:		
Average Number of Days to Certify or Verify Records	12	12
E.1.2. Strategy: HEALTH DATA & POLICY	\$ 2,029,073	\$ 2,029,073
Collect, analyze and distribute data concerning health trends, status, and systems as tools for decision-making and policy-setting.		
Output (Volume):		
Number of Requests for Statistics Completed	4,525	4,525
E.1.3. Strategy: HEALTH CARE & OUTCOMES	\$ 1,247,197	\$ 1,247,197
Collect, analyze and distribute health care data concerning charges, utilization, provider quality, and outcomes.		
Output (Volume):		
Number of Requests for Data on Hospitals, Hospital Discharges, Health Maintenance Organizations, or HEDIS Reports Filled	1,200	1,600
E.2.1. Strategy: COUNTY INDIGENT HEALTH	\$ 3,710,924	\$ 3,710,924
Provide support activities to local governments that provide county indigent health care services.		
Efficiencies:		
Average State Expenditure per County	259,295	259,295
E.2.2. Strategy: HEALTH CARE COORDINATION	\$ 11,271,824	\$ 11,271,824
Provide support activities to local governments that provide county indigent health care services; develop and enhance regionalized emergency health care systems; and guide coordinated activities among the regions and local health departments.		

DEPARTMENT OF HEALTH
(Continued)

E.2.3. Strategy: TDH HOSPITALS	\$ 22,715,726	\$ 22,715,726
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Provide for more than one level of care for tuberculosis, infectious diseases and chronic respiratory disease patients, provided in systematic coordination among the two hospitals, public health regions, medical schools, and private health care providers.

Output (Volume):

Number of Inpatient Days, Texas Center for Infectious Disease	26,000	26,000
Number of Inpatient Days, South Texas Hospital	12,775	12,775
Number of Outpatient Visits, South Texas Hospital	32,000	32,000

Total, Goal E: COORDINATED HEALTH SYSTEM	\$ 44,359,920	\$ 44,359,920
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F. Goal: INDIRECT ADMINISTRATION

F.1.1. Strategy: CENTRAL ADMINISTRATION	\$ 14,847,221	\$ 14,636,811
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F.1.2. Strategy: INFORMATION RESOURCES	\$ 7,909,323	\$ 7,909,318
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F.1.3. Strategy: OTHER SUPPORT SERVICES	\$ 9,627,672	\$ 9,677,672
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F.1.4. Strategy: REGIONAL ADMINISTRATION	\$ 8,312,130	\$ 8,305,965
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Total, Goal F: INDIRECT ADMINISTRATION	\$ 40,696,346	\$ 40,529,766
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Grand Total, DEPARTMENT OF HEALTH	\$ 6,485,555,308	\$ 6,415,366,995
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Method of Financing:

General Revenue Fund

General Revenue Fund	\$ 175,085,901	\$ 181,962,953
General Revenue Match for Medicaid	2,008,557,562	1,982,156,480
GR for Maternal and Child Health Block Grant	40,208,728	40,208,728
GR for HIV Services	25,328,551	25,328,551
Premium Credits (State Share), estimated	33,720,558	33,720,558
Vendor Drug Rebates (State Share), estimated	65,118,925	68,989,357
Earned Federal Funds	<u>11,665,659</u>	<u>4,600,000</u>

Subtotal, General Revenue Fund	\$ 2,359,685,884	\$ 2,336,966,627
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General Revenue Fund - Dedicated

Vital Statistics Account No. 019	2,496,892	2,496,892
Hospital Licensing Account No. 129	957,489	957,489
Food and Drug Fee Account No. 341	837,469	837,469
Bureau of Emergency Management Account No. 512	931,589	931,589
Department of Health Public Health Services Fee Account No. 524	1,974,667	1,974,660
Health Department Laboratory Financing Fees Object No. 3561	3,139,566	3,137,536
WIC Rebates Object No. 3597, estimated	173,000,000	184,000,000
Advisory Commission on Emergency Communications Account No. 5007	2,000,000	2,000,000
Crippled Children Account No. 5009	200,000	200,000
Asbestos Removal Licensure Account No. 5017	2,002,358	2,002,358
Home Health Services Account No. 5018	2,193,330	2,193,330
Workplace Chemicals List Account No. 5020	610,760	610,760

DEPARTMENT OF HEALTH
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Certificate of Mammography Systems Account No. 5021	433,568	433,569
Oyster Sales Account No. 5022	294,572	294,572
Food and Drug Registration Account No. 5024	<u>3,520,330</u>	<u>3,520,330</u>
Subtotal, General Revenue Fund - Dedicated	<u>\$ 194,592,590</u>	<u>\$ 205,590,554</u>
Federal Funds	3,907,182,829	3,848,719,274
Other Funds		
Interagency Contracts	7,885,555	7,885,555
Appropriated Receipts	1,698,936	1,695,471
Appropriated Receipts, Medicaid Reimbursements	10,078,406	10,078,406
State Chest Hospital Fees and Receipts, estimated	<u>4,431,108</u>	<u>4,431,108</u>
Subtotal, Other Funds	<u>\$ 24,094,005</u>	<u>\$ 24,090,540</u>
Total, Method of Financing	<u>\$ 6,485,555,308</u>	<u>\$ 6,415,366,995</u>
Number of Full-time Equivalent Positions (FTE)	5,695.0	5,695.0
Schedule of Exempt Positions		
Commissioner of Health, Group 6	\$148,683	\$148,683

LIMITATIONS ON EXPENDITURES

1. **Capital Budget.** None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in this provision as appropriations either for "Lease payments to the Master Lease Purchase Program" or for items with an "(MLPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of V.T.C.S., Art. 601d, Sec. 9A.

	<u>2000</u>	<u>2001</u>
a. Construction of Buildings and Facilities		
(1) Laboratory - Bond Debt Service	\$ 3,139,566	\$ 3,137,536
b. Acquisition of Information Resource Technologies		
(1) Development of Electronic Death Registration	100,000	0
(2) WIC Client Data Storage Upgrade	250,000	0
(3) Replacement Computers	3,494,620	3,691,955
(4) File Servers and Hardware	491,760	598,000
(5) Tape Backup System	105,132	82,800
(6) Conversion of LAN/WAN	0	120,000
(7) Autodialer Systems	120,000	120,000
(8) Printers	0	144,000
(9) High Speed Printers	82,000	82,000
(10) Network Routers	145,000	145,000
(11) CIDC Eligibility Imaging System	0	80,000
(12) WIC Computer Replacement	0	800,000
(13) Immunization Tracking Automation	191,000	31,000

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(Continued)

(14) COMPASS 21, Medicaid Data Systems	4,659,337	0
(15) Year 2000 Systems Changes, Medicaid	<u>\$ 701,000</u>	<u>\$ 0</u>
Total, Acquisition of Information Resource Technologies	<u>\$ 10,339,849</u>	<u>\$ 5,894,755</u>
c. Transportation Items		
(1) WIC Vehicles	28,700	28,700
(2) Mobile Health Unit Van	<u>\$ 100,000</u>	<u>\$ 0</u>
Total, Transportation Items	<u>\$ 128,700</u>	<u>\$ 28,700</u>
d. Acquisition of Capital Equipment and Items		
(1) X-Ray Equipment	<u>\$ 180,000</u>	<u>\$ 0</u>
Total, Capital Budget	<u><u>\$ 13,788,115</u></u>	<u><u>\$ 9,060,991</u></u>

Method of Financing (Capital Budget):

General Revenue Fund	\$ 100,000	\$ 0
General Revenue Match for Medicaid	1,003,413	475,400
3561 Lab Fees for Debt Service	3,139,566	3,137,536
Federal Funds	<u>9,545,136</u>	<u>5,448,055</u>
Total, Method of Financing	<u><u>\$ 13,788,115</u></u>	<u><u>\$ 9,060,991</u></u>

2. **Limitation: Medicaid Transfer Authority.** Notwithstanding any other provision of this Act, none of the funds appropriated by this Act to the Texas Department of Health for

- a. Medicaid Strategies in Goal B;
- b. D.1.2. Family Planning;
- c. D.1.3. Medically Dependent Children;
- d. D.2.1. EPSDT Medical; and
- e. D.2.2. EPSDT Dental

may be transferred to any other item of appropriation or expended for any purpose other than the specific purpose for which the funds are appropriated, however, transfers may be made between Medicaid Strategies in accordance with other provisions in this Act.

3. **Transfer Authority.** Subject to the limitations contained in provisions number 2, Limitation: Medicaid Transfer Authority, number 4, Management of Funds in the CIDC Program and number 5, Laboratory Project, and notwithstanding any other provision, appropriations contained in this Act to the Department of Health may be transferred from one appropriation item to another appropriation item in amounts not to exceed 25 percent for the fiscal year, upon approval by the Board of Health and upon request of the Commissioner, subject to the following reporting requirements:

- a. At least 14 days prior to a meeting of the Board of Health to consider or take action on any transfer of funds between items of appropriation notification shall be made to the Governor's Office of Budget and Planning and the Legislative Budget Board.
- b. At least 14 days prior to a meeting of the Board of Health to consider any program expansion, notification shall be made to the Governor's Office of Budget and Planning and the Legislative Budget Board. Program expansion is defined as any modification of current

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policy that would result in an increase in services delivered or clients served, including any increase in funds budgeted in the program.

- c. Notifications shall include information regarding the source of funds to be transferred; any changes in federal funds related to the proposed transfer; the strategy from which the transfer is to be made and the strategy to which the transfer is to be made; the need which was to be served through the original appropriation and the basis for the decrease in need; the need to be served in the strategy receiving the funds and the basis for such selection and the amounts of funds to be spent on direct client services as opposed to both general and operating support costs. In the event program expansions are under consideration, information shall be forwarded regarding the population to be served; criteria for eligibility; source of funding; and impact on existing programs.
4. **Management of Funds in the CIDC Program.** Amounts appropriated above to the Department of Health in Strategy D.1.4., Special Needs Children/Chronically Ill and Disabled Children's (CIDC) Program may only be transferred to Strategy E.2.1., County Indigent Health, or Strategy B.1.4., Premiums: Children/Medically Needy. Transfers into Strategy B.1.4., may only be made if general revenue is made available by CIDC-eligible children becoming eligible for Medicaid. Any transfers pursuant to this provision are subject to prior notification to the Legislative Budget Board and the Governor's Office of Budget and Planning that such a transfer is to take place. Funds may not be transferred from D.1.4., Special Needs Children/Chronically Ill and Disabled Children's Program, if such a transfer would result in a loss of, or reduction in, services or a loss of, or reduction in, persons otherwise eligible for CIDC services. Notwithstanding any other provisions contained in this Act, no transfers shall be made out of Strategy D.1.1., Maternal and Child Health Services. Further, the department shall make expenditures from Strategy D.1.4., Special Needs Children/Chronically Ill and Disabled Children's Program, from state funds in proportion to the source of funds budgeted for the strategy. The department shall report quarterly on compliance with this provision to the Legislative Budget Board and the Governor's Office of Budget and Planning. The Comptroller of Public Accounts shall monitor compliance with these provisions and establish additional procedures, if necessary.
5. **Laboratory Project.**
 - a. Proceeds generated from the sale of the revenue bonds authorized by Article 601d, Section 24A(b)11, Vernon's Texas Civil Statutes for the laboratory and office facilities project for the Department of Health are hereby appropriated to the Texas Department of Health, in an aggregate amount not to exceed \$42.3 million, for the purposes specified in that Act.
 - b. Funds appropriated pursuant to this section may be transferred to the General Services Commission for project planning and construction.
 - c. All receipts generated by the Texas Department of Health from laboratory fees during the 2000-01 biennium are hereby appropriated to the Texas Department of Health for transfer to the Texas Public Finance Authority for the payment of debt services on the project revenue bonds.
 - d. Appropriations made out of the General Revenue Fund to the Texas Department of Health in Goal F, Indirect Administration, may be transferred for bond debt service payments only if laboratory fees generated by the laboratory during the biennium are insufficient to support the bond debt service, subject to prior approval of the Governor's Office of Budget and Planning and the Legislative Budget Board. No funds appropriated to the Department of Health by this Act may be transferred into Goal F, Indirect Administration.
6. **Appropriations Limited to Revenue Collections.** It is the intent of the Legislature that fees, fines and other miscellaneous revenues as authorized and generated by the agency cover, at a

DEPARTMENT OF HEALTH
(Continued)

minimum, the cost of the appropriations made for the programs listed in the table below, as well as the “other direct and indirect costs” associated with these programs, appropriated elsewhere in this Act. “Other direct and indirect costs” for these programs are estimated to be \$6,352,194 for fiscal year 2000 and \$6,425,708 for fiscal year 2001. In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available. This rider shall apply to revenues generated in the following strategies and deposited under the following revenue codes or account numbers:

Strategy	Revenue Code or Account
A.1.2. Food (Meat) and Drug Safety	<ul style="list-style-type: none">• 341 Food & Drug Retail Fee• 5022 Oyster Sales• 5024 Food & Drug Registration• Fees deposited into 001 to support Food (Meat) and Drug Safety, including fees deposited under the following revenue codes: 3142 (Food Service Worker Training); 3180 (Health Regulation Fees for Tattoo Parlors, Tanning Facility Fees, and Narcotic Treatment Fees); 3400 (Business Fees-Agriculture, for Renderers Licenses and Milk Industry Products); 3414 (Agriculture Inspection Fees, for Meat Inspection); 3554 (Food and Drug Fees, for Medical Device Wholesalers, Food Drug and Cosmetic Sales, and Frozen Desserts);
A.1.3. Environmental Health	<ul style="list-style-type: none">• 5017 Asbestos Removal Licensure• 5020 Workplace Chemical List• Fees deposited into 001 to support A.1.3., Environmental Health, including fees deposited under the following revenue codes: 3123 (Glue and Paint Sales Permit; 3140 (Bedding Tax); 3141 (Bedding Permit Fees); 3175 (Professional Fees, for Code Enforcement Officers); 3180 (Lead-Based Paint Certification Program); 3555 (Hazardous Substance Manufacture); 3562 (Health Related Professions Fees, for Sanitarian Registration and Pesticide Use and Application Program); and 3573 (Health Licenses for Camps, for Migrant Camps and Youth Camps).
A.1.4. Radiation Control	<ul style="list-style-type: none">• 5021 Certificate of Mammography Systems• Fees deposited into 001 to support A.1.4., Radiation Control, including fees deposited under the following revenue codes: 3489 (Radiation Control).
C.1.1. Health Care Standards	<ul style="list-style-type: none">• 129 Hospital Licensing• 512 Emergency Management• 5018 Home Health Services• Fees deposited into 001, Revenue Codes: 3175 (Professional Fees, for Health Services Providers, Athletic Trainers); 3180 (Health Regulation Fees, for Special Care Facilities); 3557 (Health Care Facilities Fees, for Abortion Clinics, Ambulatory Surgical Centers, Birthing Centers and End Stage Renal Disease Facilities); 3560 (Medical Examination and Registration, for Perfusionists, Medical Radiologic Technicians, and Respiratory Therapists); 3562 (Health

DEPARTMENT OF HEALTH (Continued)

Related Profession Fees, for Medical Physicists, Hearing Aid Dispensers, Marriage and Family Therapists, Massage Therapists, Respiratory Care Practitioners, Professional Counselors, Dispensing Opticians, Speech Pathologists, Dieticians); 3616 (Social Worker Regulation); and 3727 (Council on Sex Offender Treatment Providers).

E.1.1. Vital Statistics • 019 Vital Statistics

7. **Vendor Drug Rebates.** The Department of Health is authorized to expend Medicaid rebate revenues pursuant to the federal requirements of the Omnibus Budget and Reconciliation Act of 1990. Expenditures shall be made from rebates received in fiscal years 2000 and 2001. As rebates are generated, expenditures shall be made from rebate revenues as a first source and general revenue as a second source to support the Vendor Drug Program. Once the Department of Health has generated and expended the amounts identified in the method of finance as Vendor Drug Rebates above for each fiscal year, the department is appropriated and authorized to expend additional amounts generated, subject to the following requirements:

- a. Amounts available shall be expended prior to utilization of any general revenue available for the same purposes;
- b. In the event general revenue has been expended prior to the receipt of vendor drug rebates, the department shall reimburse general revenue through the cost allocation process authorized in Article IX of this Act. This process shall be completed on a monthly basis in order to maintain a minimum monthly balance on hand from the vendor drug rebate program; and
- c. The department shall report monthly to the Legislative Budget Board, the Governor's Office of Budget and Planning, and the Comptroller's Office on vendor drug receipts, expenditures, and anticipated revenues and balances.

8. **Medicaid and Other Reporting Requirements.**

- a. None of the funds appropriated by this Act to the Texas Department of Health may be expended or distributed by the department unless:
 - (1) the department submits to the Legislative Budget Board and the Office of the Governor a copy of each report submitted to the federal government relating to the Medicaid program, the Maternal and Child Health Block Grant (Title V of the Social Security Act), the WIC program (Child Nutrition Act of 1966, as amended), and the State Children's Health Insurance Program (Title XXI of the Social Security Act, CHIP). This shall include, but is not limited to:
 - i. expenditure data;
 - ii. caseload data;
 - iii. premium credit, rebates and refunds;
 - iv. interest earnings;
 - v. WIC and Vendor Drug rebates;
 - vi. State plan amendments;
 - vii. State plan waivers.

Such reports shall be submitted to the Legislative Budget Board and the Office of the Governor no later than the date the respective report is submitted to the federal government, and

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- (2) the department submits to the Legislative Budget Board and Office of the Governor at the end of each month: i.) a report detailing the Medicaid and Medicare caseload figures and related expenditure amounts for the preceding month; ii.) a report projecting the anticipated Medicaid and Medicare caseloads for the 36 months period beginning with first month after the report is due; iii.) a report detailing the CDC caseload figures and related expenditure amounts for the preceding month; and iv) a report detailing CHIP caseloads and expenditures for the preceding month.
 - b. Each report submitted to the Legislative Budget Board and the Office of the Governor pursuant to this provision must be accompanied by supporting documentation detailing the sources and methodologies utilized to develop any caseload or cost projections contained in each respective report and any other supporting materials as specified by the Legislative Budget Board and the Office of the Governor.
 - c. Each report submitted pursuant to this provision must contain a certification by the person submitting the report, that the information provided is true and correct based upon information and belief together with supporting documentation.
 - d. The Comptroller of Public Accounts shall not allow the expenditure of funds appropriated by this Act to the Texas Department of Health if the Legislative Budget Board and the Office of the Governor certifies to the Comptroller of Public Accounts that the Department of Health is not in compliance with this provision.
9. **Earned Federal Funds.** None of the Earned Federal Funds appropriated by this Act to the Department of Health may be expended unless the department reports quarterly to the Comptroller, Legislative Budget Board, and the Governor regarding funds generated which constitute Earned Federal Funds as defined elsewhere in this Act and/or required by the Comptroller to be deposited into Appropriation Number 70000. The method of finance item, Earned Federal Funds, for appropriations made above, includes unexpended and unobligated balances of Earned Federal Funds remaining as of August 31, 1999, and receipts earned in fiscal years 2000 and 2001. Unexpended balances in Earned Federal Funds at the close of the fiscal year ending August 31, 2000, are hereby appropriated for the fiscal year beginning September 1, 2000.
10. **Use of Additional Premium Credits.** For the purposes of this provision, premium credits are defined as: 1) refunds/rebates of previously paid premiums and interest earnings generated in relationship to the Risk Stabilization Reserve and other accounts listed below; 2) managed care rebates as described below; and 3) third party recoupments related to the Medicaid program. Amounts defined as premium credits are to be deposited into the General Revenue Fund, Object Number 3639. The Department of Health is authorized to receive and spend premium credits and interest earnings generated from fund balances with the Risk Stabilization Reserve, the Disbursement Account, and the STAR (Managed Care) Account, as defined in the contractual agreement with the fiscal agent and/or insurance carrier for purchased health services except for those interest earnings related to the Cash Management Improvement Act (CMIA). The department is also authorized to receive and spend experience rebates generated in accordance with its contractual agreements with health maintenance organizations who participate in Medicaid managed care. In addition, the department is authorized to receive and expend third party recoupments related to the Medicaid program. Expenditures shall be made from credits, managed care rebates, interest earnings, and third party recoupments received in 2000 and 2001. The use of the credits, managed care rebates, interest earnings, and third party recoupments is limited to funding services for Medicaid clients. Premium credits shall be expended as they are received as a first source, and general revenue shall be used as a second source, to support the Medicaid program. In the event that these revenues should be greater than the amounts identified in the method of finance above as Premium Credits, the department is hereby appropriated and authorized to expend these state funds thereby made available, subject to the following requirements:

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(Continued)

- a. Amounts available shall be expended prior to utilization of any general revenue available for the same purposes;
- b. In the event general revenue has been expended prior to the receipt of premium credits, the department shall reimburse general revenue through the cost allocation process authorized in Article IX of this Act. This process shall be completed on a monthly basis in order to maintain a minimum balance on hand in excess premium credits; and
- c. The department shall report monthly to the Legislative Budget Board, the Governor's Office of Budget and Planning, and the Comptroller's Office on premium credit receipts, expenditures, and anticipated revenues and balances.

The preceding paragraph shall be the exclusive appropriation authority for receipts from the above identified sources and none of these receipts shall be appropriated by a provision of Article IX of this Act.

- 11. **Funding for Abstinence-Based Sexual Education.** It is the intent of the Legislature that funds appropriated in Strategy D.1.5., Abstinence Based Education, be utilized for the purpose of implementing abstinence-based sexual education programs to reduce the need for future family planning services for unwed minors. Abstinence-based education means materials and instruction which:
 - a. present abstinence from sexual activity as the preferred choice of behavior for unmarried persons; and
 - b. emphasize that abstinence from sexual activity, used consistently and correctly, is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted disease, and infection with human immunodeficiency virus or acquired immune deficiency syndrome.
- 12. **Prohibition on Abortions.** It is the intent of the Legislature that no state funds appropriated under Strategy D.1.2. may be used to pay the direct or indirect costs of abortion procedures provided by contractors of the Department. The Department shall include in its audit a review of the use of state funds to ensure compliance with this section.
- 13. **Family Planning.** Of funds appropriated under Strategy D.1.2., Family Planning, no state funds may be used to dispense prescription drugs to minors without parental consent.
- 14. **Sunset Contingency.** Funds appropriated above for fiscal year 2001 for the Texas Department of Health are made contingent on the continuation of the Texas Department of Health by the Legislature. In the event that the agency is not continued, the funds appropriated for fiscal year 2000 or as much thereof as may be necessary are to be used to provide for the phase out of agency operations.
- 15. **Sunset Contingency, Center for Rural Health Initiatives.** Funds appropriated above for fiscal year 2001 for the Center for Rural Health Initiatives, Strategy D.3.2., Rural Health Care Access, are made contingent on the continuation of the Center for Rural Health Initiatives by the Legislature. In the event that the Center is not continued, the funds appropriated for fiscal year 2000 or as much thereof as may be necessary are to be used to provide for the phase out of Center operations.
- 16. **Transfers from 2001 to 2000.** In addition to the transfer authority provided elsewhere in this Act and in order to provide for unanticipated events that increase costs associated with providing Medicaid services for eligible clients, the Department of Health is authorized to transfer up to \$150 million in general revenue from funds appropriated in Medicaid strategies in

DEPARTMENT OF HEALTH (Continued)

the second year of the biennium to the first year of the biennium. Such transfers may only be made subject to the following:

- a. Transfers under this section may be made only:
 - (1) if costs associated with providing Medicaid services exceed the funds appropriated for these services for fiscal year 2000.
 - (2) for any other emergency expenditure requirements, including expenditures necessitated by public calamity.
 - b. Transfers may not exceed \$150,000,000 in general revenue.
 - c. A transfer authorized by this section must receive the prior approval of the Governor and the Legislative Budget Board.
 - d. The Comptroller of Public Accounts shall cooperate as necessary to assist the completion of a transfer and spending made under this section.
17. **Medical Treatment.** The Texas Department of Health may distribute funds for medical, dental, psychological or surgical treatment provided to a minor only if consent to treatment is obtained pursuant to Chapter 32 of the Texas Family Code. In the event that compliance with this rider would result in the loss of federal funds to the state, the Department may modify, or suspend this rider to the extent necessary to prevent such loss of funds, provided that prior approval is obtained from the Governor and the Legislative Budget Board.
18. **Reporting of Child Abuse.** The Texas Department of Health may distribute or provide appropriated funds only to recipients which show good faith efforts to comply with all child abuse reporting guidelines and requirements set forth in Chapter 261 of the Texas Family Code.
19. **Educational Leave, Tuition Reimbursement, and Educational Stipend Programs.** None of the funds appropriated above in Goals A through E may be spent for educational programs which provide tuition reimbursement, stipends, or educational leave for department employees. The Commissioner of Health must provide prior written approval of the educational leave time, the amount of the stipend or tuition reimbursement, and any other educational program benefit provided to a department employee. The amount of tuition or fees paid by the department to an institution of higher education for semester hour credit for a department employee may not exceed the per semester credit hour charged by that institution for in-state tuition.

BUDGET POLICY AND APPROPRIATION MANAGEMENT

20. **Authorization to Receive, Administer, and Disburse Federal Funds.** The appropriations made herein may be used to match federal funds granted to the state for the payment of personal services and other necessary expenses in connection with the administration and operation of a state program of health services. Notwithstanding the General Provisions of this Act, the Texas Board of Health is hereby authorized to receive and disburse in accordance with plans acceptable to the responsible federal agency, all federal moneys that are made available (including grants, allotments, and reimbursements) to the state and retain their character as federal funds for such purposes, and to receive, administer, and disburse federal funds for federal regional programs in accordance with plans agreed upon by the Department of Health and the responsible federal agency, and such other activities as come under the authority of the Texas Board of Health, and such moneys are hereby appropriated to the specific purpose or purposes for which they are granted or otherwise made available. Earned federal funds are not considered to be federal funds for the purpose of this section.

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(Continued)

21. **Medical Assistance Payments and Unexpended Balances.** Funds for Medical Assistance payments appropriated for Medicaid Strategies in Goal B; D.1.2. Family Planning; D.1.3. Medically Dependent Children Waiver; D.2.1., Texas Health Steps (EPSDT) Medical; and D.2.2., Texas Health Steps (EPSDT) Dental out of the General Revenue Fund for Medicaid services shall be payable in equal monthly installments on the first day of each calendar month; provided, however, that any balances on hand in such funds may be carried over from month to month during each fiscal year and from fiscal year 2000 to fiscal year 2001, and such funds are reappropriated to the department for the 2000-01 biennium.
22. **Risk Stabilization Reserve.** Upon termination of a contract with the fiscal agent or insurance carrier for purchased health insurance, the state's share of the unexpended balance in the risk stabilization reserve shall be deposited into the General Revenue Fund and such funds are not reappropriated to the Department of Health.
23. **Transfers for Funds Consolidation.** For the purpose of funds consolidation and Medicaid payments, federal funds may be transferred into the General Revenue Fund from Department of Health Account 0273. The initial deposit of Medicaid federal funds shall be made into Account 0273 but no direct expenditures for the Medicaid program shall be made from this account.
24. **Accounting of Support Costs.** The Comptroller of Public Accounts shall establish separate accounts from which certain support costs shall be paid. The Department of Health is hereby authorized to make transfers into these separate accounts from line item strategies in order to pay for these expenses in an efficient and effective manner. Only costs not directly attributable to a single program may be budgeted in or paid from these accounts. Items to be budgeted in and paid from these accounts include but are not limited to: postage, occupancy costs, equipment repair, telephones, office printing costs, supplies, freight and transport costs, telephone system costs and salary and travel costs of staff whose function supports several programs. The department shall be responsible for monthly allocations of these costs to the original strategies.
25. **WIC (Special Supplemental Program for Women, Infants, and Children) Rebates.** The Department of Health is authorized to receive and expend WIC rebates and interest earnings associated with WIC rebates and such funds are appropriated to the Department of Health. The department shall only expend WIC rebates and interest earnings for the purposes of the WIC program.
26. **Payment of August 2001 Premiums.** The Department of Health is hereby authorized to defer its August 2001 premium payment to the National Heritage Insurance Company until September 2001 and the August 2001 payment will be paid from fiscal year 2002 appropriations.

BUDGET POLICY AND APPROPRIATION MANAGEMENT, HOSPITAL RELATED

27. **Payment of Hospital Providers.** At the hospital's option, all payments from funds appropriated for acute care services made to hospitals with 100 or fewer licensed beds may be reimbursed under a cost-reimbursement methodology authorized by the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), using the most current available cost figures. Hospitals reimbursed under TEFRA cost principles shall be paid without the imposition of the TEFRA cap.

At initial cost settlement of the hospital's fiscal year, the Department of Health shall determine the amount of reimbursement the hospital would have been paid under TEFRA cost principles, and if the amount of reimbursement under the TEFRA principles is greater than the amount of reimbursement received by the hospital under the prospective payment system, the Department of Health shall reimburse the hospital the difference.

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(Continued)

28. **Payments to Rural Hospitals Under Medicaid Managed Care.** All payments from funds appropriated for acute care services made to rural hospitals with 100 or fewer licensed beds in counties with fewer than 50,000 persons that are in a Medicaid managed care program must be reimbursed at a rate calculated using the higher of the prospective payment system rate or cost-reimbursement methodology authorized under the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA). Hospitals reimbursed under TEFRA cost principles shall be paid without the imposition of the TEFRA cap. Under a full-risk managed care pilot project, the participating managed care organizations shall reimburse the hospitals. This section applies only to a managed care contract that is entered into or renewed on or after September 1, 1997.
29. **Payments to Rural Physicians Under Medicaid Managed Care.** All payments made to physicians who practice in rural counties with fewer than 50,000 persons and who participate in a Medicaid managed care program must be reimbursed at the Medicaid fee schedule, or in the case of a full-risk managed care model, at a rate using the current Medicaid fee schedule, including negotiated fee for service. Under a primary care case management system model, primary care physicians also shall be paid a monthly case management fee. This section applies only to a managed care contract that is entered into or renewed on or after September 1, 1997.
30. **Disposition of Appropriation Transfers from State-Owned Hospitals.** The Department of Health shall use the sums transferred from state owned hospitals as provided elsewhere in the Act as necessary to apply for appropriate matching federal funds and to provide the state's share of disproportionate share payments due to state owned hospitals. Any amounts of such transferred funds not required for disproportionate share payments shall be deposited by the Department of Health to the General Revenue Fund as unappropriated revenue. At the beginning of each fiscal year, the Department of Health shall present a schedule of projected transfers and payments to the Comptroller of Public Accounts, the Governor, and the Legislative Budget Board for their approval. Subsequent to approval of the projected schedule, the Comptroller of Public Accounts shall approve all payments and transfers.
31. **Transfers of Appropriations—State-Owned Hospitals.** The State Chest Hospitals shall transfer from non-Medicaid state appropriated funds \$18,827,066 in fiscal year 2000 and \$18,827,066 in fiscal year 2001 to the Department of Health. The timing and form of such transfers shall be determined by the Comptroller of Public Accounts in consultation with the Department of Health. The Governor and the Legislative Budget Board are authorized to adjust the amounts of such transfers as necessary to match available federal funds.
32. **Disproportionate Share Hospital Eligibility.** A hospital that provides health care to indigents pursuant to an agreement or contract with a state agency or department, at no cost to the state, may be eligible as a disproportionate share hospital under Chapter 61, Health and Safety Code, and the Texas Medicaid program. Such hospital's total expenditures for indigent health care, according to such agreement or contract, may be credited as local revenue to be used to determine disproportionate share eligibility.
33. **State Chest Hospital Provisions.** The State Chest Hospitals operated by the Department of Health are the South Texas Hospital and the Texas Center for Infectious Disease. The provisions applying to the State Chest Hospitals are as follows:
- a. In addition to salary, the Hospital Directors of the State Chest Hospitals are authorized a house, utilities, and supplement from the department's Medical Services Trust Fund.
 - b. The professional liability insurance premiums may be paid for physicians employed by the State Chest Hospitals out of the appropriations from the fees for physician services.
 - c. It is the intent of the Legislature that the Department of Health develop interagency agreements with the Texas Department of Mental Health and Mental Retardation (TDMHMR) so that medical and surgical services, auxiliary services, pharmacy and

DEPARTMENT OF HEALTH (Continued)

laboratory services and other support services of TDMHMR facilities are provided to the extent possible by the two State Chest Hospitals. The Texas Center for Infectious Disease shall provide utilities and inpatient treatment and care services to the San Antonio State Hospital and the San Antonio State School without reimbursement.

- d. Out of the funds appropriated above the South Texas Hospital shall support medical education through the South Texas Family Practice Residency Program-McAllen with the cooperation of the University of Texas Health Science Center at San Antonio.
- e. Third party collections (appropriated receipts) collected by the Department of Health Chest Hospitals are hereby appropriated to E.2.3. TDH Hospitals for the provision of services.
- f. It is expressly provided that the State Chest Hospitals, to the extent permitted by law, may pay FLSA exempt and FLSA non-exempt employees on a straight-time basis for work on a holiday or for regular compensatory time hours when the taking of regular compensatory time off would be disruptive to normal business functions.

EXPENDITURES SPECIFICALLY AUTHORIZED

- 34. **Immunization of Employees.** Moneys appropriated above may be expended for any immunization which is required of employees at risk in the performance of their duties.
- 35. **Professional Liability Insurance Premiums.** From the appropriations made above, the department may also pay the professional liability premiums for those physicians, dentists, hygienists, nurses, and other medical personnel involved in providing medical and dental care in the department's clinical operations.
- 36. **Reimbursement of Advisory Committee Members.** Pursuant to V.T.C.A., Government Code, Section 2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above, is limited to the following advisory committees: Family Planning Advisory Council, State Preventive Health Advisory Committee, Oral Health Advisory Committee, and the Texas Radiation Advisory Board.

ADDITIONAL APPROPRIATION AUTHORITY

- 37. **Appropriation of Radiation and Perpetual Care Security Trust Account 880.** Any revenue collected and deposited in the Radiation and Perpetual Care Security Trust Account during this biennium or any biennium is hereby appropriated beginning with the effective date of this Act.
- 38. **Appropriation of Receipts: Civil Monetary Damages and Penalties.** Out of funds appropriated above related to civil monetary damages and penalties under Health and Safety Code Section 431.047, there are appropriated to the department amounts equal to the costs of the investigation and collection proceedings conducted under that section, and any amounts collected as reimbursement for claims paid by the department.
- 39. **Unexpended Balances-Prevention and Promotion.** Subject to the approval of the Board of Health, all unexpended balances not otherwise restricted from appropriations to Goal A: Prevention and Promotion, at the close of the fiscal year ending August 31, 2000, are hereby appropriated for the fiscal year beginning September 1, 2000. The Department of Health shall submit a report to the Legislative Budget Board and the Governor identifying any appropriations carried forward into fiscal year 2001 pursuant to this provision no later than 90 days after such funds are expended. The report shall be prepared in a format prescribed by the Legislative Budget Board.
- 40. **Contingent Revenue, Food and Drug Retail Fees.** The Department of Health is hereby appropriated any additional revenues generated in General Revenue-Dedicated Account 341,

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Food and Drug Retail Fees, above \$1,420,000 in fiscal year 2000 and \$1,446,000 in fiscal year 2001, for the purpose of restaurant inspections. The dollar amounts above are contained in the Comptroller of Public Accounts' Biennial Revenue Estimate 2000–2001 for Revenue Objects deposited into Account 341.

41. **Laboratory Revenue.** The Department of Health is hereby appropriated any additional laboratory revenues, generated in General Revenue-Dedicated Account 524 above \$3,087,000 in fiscal year 2000 and \$3,087,000 in fiscal year 2001, for the purpose of laboratory operations. This appropriation does not include any amounts deposited into Revenue Object 3561. The dollar amounts above are contained in the Comptroller of Public Accounts' Biennial Revenue Estimate 2000–2001 for Revenue Objects deposited into Account 524 and exclude amounts estimated for Revenue Object 3561. Laboratory revenues deposited into Revenue Object Number 3561 are statutorily dedicated for laboratory debt service and may not be used for any other purpose.

OTHER PROVISIONS

42. **Cost-Recovery Through Fee Revenue.** The Board of Health shall review all of the fee schedules within its authority on an annual basis. It is the intent of the Legislature that fees be set to recover the cost of providing services to the extent feasible. The Department of Health shall provide a copy of the report summarizing this review to the Legislative Budget Board and Governor's Office of Budget and Planning no later than September 1 of each year in the biennium, with a copy of the final report to be submitted no later than January 1 of each year of the biennium.
43. **Childhood Lead Registry.** Out of funds appropriated above in Strategy A.3.3., Preventable Diseases, a total of \$80,700 in total funds and \$65,000 in general revenue funds each fiscal year of the 2000-01 biennium shall be used for the Childhood Lead Registry.
44. **Performance of Licensing Entities.** The Department of Health shall provide performance information to the Legislative Budget Board and the Governor's Office of Budget and Planning no later than December 1 of each year for each board or other entity that licenses, certifies, or registers health professionals attached to or within the purview of the Department of Health. For each board or other entity, the department shall provide the following for the previous fiscal year:
- a. Number of Professionals Licensed/Certified/Placed on a Registry;
 - b. Number of New License/Certificate Applications Received;
 - c. Total Number of Complaints Received;
 - d. Total Number of Jurisdictional Complaints Resolved; and
 - e. Total Number and Type of Disciplinary Actions Taken.
45. **Performance Reporting for TDH Hospitals.** The Department of Health shall submit to the Legislative Budget Board and to the Governor's Office of Budget and Planning the following information on a quarterly basis regarding hospital performance: revenue collections at the hospitals, by payor type; number of inpatient patients served on a monthly basis, by type of service provided; and number of outpatient patients served on a monthly basis, by type of service provided.
46. **Notification of Regional Funds Distribution.** The Department of Health shall notify the Legislative Budget Board and the Governor's Office of Budget and Planning of the allocation methodology or formula used to allocate funds and provide an impact analysis of any changes from the previous year's formula or percentage allocations, by public health region, at least 30 days prior to allocations made out of funds appropriated above in Strategy D.1.1., Maternal and Child Health.

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47. **Transfer for Health Professions Council.** Out of funds appropriated above in Strategy C.1.1., Health Care Standards, an amount equal to \$11,904 each year (2000 and 2001) shall be used for transfer to, and expenditure by, the Health Professions Council as the pro-rated assessment of the Health Licensing Division of the Department of Health.
48. **Graduate Medical Education Payments.** In order to maintain Medicaid graduate medical education funding to teaching hospitals or hospital-affiliated clinics, the Department of Health shall enter into a memorandum of understanding with the Commissioner of the Health and Human Services Commission to separate all identified inpatient graduate medical education funds from the Medicaid reimbursement formulas and make separate and direct payments to hospitals or hospital-affiliated clinics that have accredited graduate medical education training programs or which have affiliation agreements with accredited graduate medical education training programs. The payments shall reimburse each hospital or hospital-affiliated clinic's expenditure on graduate medical education, taking into consideration Medicaid volume and number of filled positions in accredited medical residency programs.
49. **Increase Immunization.** The Department of Health (TDH) shall report to the Legislative Budget Board and the Governor no later than September 30th of each year of the biennium on plans to increase immunization rates in Texas, focusing on immunization of pre-school age children. It is the intent of the Legislature that this report be used by the Department in managing state and federal resources to increase immunization rates. The report shall detail the following:
- a. Methodology used to determine rates of immunization;
 - b. Current immunization rates by geographic region of the state, where available, focusing on areas in which pre-school children are immunized at rates less than the state average;
 - c. Specific approaches planned for the fiscal year of the report to address geographic areas of under-immunization, including:
 - (1) Changes to agency procedures to more effectively reach under-immunized areas.
 - (2) Contracted services and contract provisions to focus on under-immunized areas;
 - (3) Performance measures, relating to increased immunization rates, which will be included in contract provisions; and
 - (4) Estimated cost for each approach; and
 - d. Estimates of the impact that each approach will make individually, and that the approaches will make collectively, to increase immunization rates (for geographic areas when appropriate) and to change other appropriate performance measures.
50. **Osteoporosis Education Program.** Out of the funds appropriated above in Strategy A.3.3, Preventable Diseases, \$250,000 in each fiscal year of the biennium shall be used to implement a program to educate the public regarding the causes and detection of, and treatment for, osteoporosis. At least 50 percent of the operating budget shall be dedicated for public service announcements and other means of public communication.
51. **Rabies Control.** Out of amounts appropriated above, \$4,761,337 is appropriated in each fiscal year to Strategy A.3.3., Preventable Diseases, for zoonotic disease control, including rabies control.
52. **Oyster Sampling and Research.** Funds appropriated above in Strategy A.1.2., Food (Meat) and Drug Safety, include \$160,374 in General Revenue Dedicated (Oyster Sales Account No. 5022) Funds per fiscal year of the biennium for use by the Department of Health to contract with Texas A&M Galveston for the purpose of research to determine *Vibrio parahaemolyticus* levels in the Texas Oysters and Bay Waters.

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53. **Hepatitis A Immunizations.** Out of funds appropriated above in Strategy A.3.2., Immunizations, the Department of Health shall allocate \$400,000 in fiscal year 2000 and \$400,000 in fiscal year 2001 for the purpose of providing vaccinations against Hepatitis A to preschoolers and adolescents, who are not eligible for Medicaid, in areas of high incidence.
54. **Expenditures Related to School Health.** The Department of Health shall expend the greater of either 3 percent of total expenditures in Strategy D.1.1., Maternal and Child Health, or \$3,241,189 for the biennium in total funds, for the purpose of school health services. Further, the Department of Health shall continue to award new contracts for school health services at the rate of at least two per contract award period of the biennium. Nothing in this provision is intended to require the department to contract with an applicant that does not meet the department's qualification criteria.
55. **Use of Community Health Service Funds.** It is the intent of the Legislature that funds appropriated in Strategy D.3.1., Community Health Services, be used solely for the provision of direct primary care services.
56. **Medicaid Support and Information Services.** Out of the funds appropriated above in Goal B: Medicaid Services, such funds as are necessary to implement the project are allocated for the Medicaid Help Line authorized under Section 531.021, Texas Government Code. It is the intent of the Legislature that, under the authority of the Commissioner of Health and Human Services, the Texas Department of Health shall operate this service for Medicaid recipients enrolled in managed care plans.
57. **Dental Provider Participation.** It is the intent of the Legislature that the department should increase the enrollment and participation in the Medicaid program of dental providers. The Commissioner of Health shall certify to the Governor and Legislative Budget Board by July 1, 2000, the amount of change in enrollment of and participation of dental providers in the Medicaid program. The certification must be accompanied by supporting documentation detailing the sources and methodologies which document an increase or other change in enrollment and participation of dental providers in the Medicaid program, as well as any other supporting materials specified by the Legislative Budget Board or the Governor.
58. **Phenylketonuria Pilot Program.** Out of funds appropriated above, the Department of Health shall allocate \$150,000 in fiscal year 2000 and \$150,000 in fiscal year 2001 for the purpose of conducting a pilot project to assess the cost and effectiveness of providing medically indicated medical foods to children ages 0 to 5 affected with phenylketonuria. The department shall seek to maximize funding for this project by accessing available federal funds from the United States Department of Agriculture. Upon completion of the pilot project, the department shall make a recommendation to the Seventy-seventh Legislature on the program's effectiveness.
59. **General Revenue Match for Abstinence Education.** Out of funds appropriated above, the Department of Health shall transfer \$1.6 million per fiscal year in General Revenue to Strategy D.1.5., Abstinence Education, out of available General Revenue Funds, including Earned Federal Funds, in strategies in Goal F, Indirect Administration, for the purpose of meeting state and local matching requirements for locally operated abstinence education programs. The Department of Health shall report to the Legislative Budget Board and the Governor by July 1 preceding each fiscal year on the source and type of funds to be transferred.
60. **Regional Trauma Fund Assistance to the Department of Public Safety.** Out of the funds appropriated to the regional advisory councils through the Texas Department of Health in Strategy E.2.2., Coordinate Health Systems, the regional advisory councils may provide training for commissioned personnel of the Department of Public Safety's Traffic Law Enforcement division. The training shall be provided to Department of Public Safety employees who are seeking certification as emergency medical technicians or paramedics and who are participating in the Department of Public Safety's pilot program.

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(Continued)

61. **Trauma Formula Distribution.** It is the intent of the Legislature that the Department of Health allocate at least 40 percent to urban counties and at least 60 percent of the Emergency Medical Services allotment to rural and frontier counties.
62. **St. Paul Tyler Community Health Initiative.** Funds appropriated above in Strategy D.3.1., Community Health Services, include \$376,574 in fiscal year 2000 and \$276,574 in fiscal year 2001 out of the General Revenue Fund for the St. Paul Tyler Community Health Initiative Mobile Health Unit Program. As authorized in the capital budget above, these amounts include \$100,000 for a mobile health van in fiscal year 2000. The program is to serve six targeted areas in Northeast Texas, including Smith (Jackson area), Van Zandt, Rains, Morris, Henderson, and Cherokee counties, providing basic community health services such as immunizations and screenings.
63. **Medicaid Outpatient Reimbursement Rates for Hospitals and Professional Services.** Out of the amounts appropriated above, the Texas Department of Health is appropriated \$30,000,000 in general revenue funds and \$47,730,382 in federal funds for the biennium for reimbursement increases for Outpatient Hospital and Professional Services. It is the intent of the legislature that rate increases be implemented beginning September 1, 1999 and that the Department of Health implement mechanisms to pass the fee increase directly to providers. For professional services, TDH may, with input from groups such as the Physician Payment Advisory Committee, vary fee increases according to the type of service.

CONTINGENCY APPROPRIATIONS

64. **Comprehensive Strategic and Operational Plan.** Appropriations made to the department, above, include amounts necessary to implement the provisions of Senate Bill 367 or similar legislation requiring that the department develop, publish, and implement a comprehensive strategic and operational plan for achieving the department's missions that includes the methods to be used to integrate and coordinate agency operations, eliminate overlap between programs and streamline agency activities.
65. **Contingency Appropriation of Donations.** Contingent upon the enactment of Senate Bill 673, or similar legislation to create the Anatomical Gift Education Program, all revenues generated through donations made as provided by Section 521.421(g) or Section 521.422(c), Transportation Code, estimated to be \$300,110 in revenues generated pursuant to the provisions of the bill in fiscal year 2000 and \$909,423 in revenues generated pursuant to the provisions of the bill in fiscal year 2001, are hereby appropriated to the Texas Department of Health for purposes related to the Anatomical Gift Education Program. The department may not expend any of these funds for administrative purposes and may not pay for Full-Time Equivalent Positions out of these funds. The department is hereby authorized to transfer the appropriation made pursuant to this provision to the appropriate strategy items listed above.
66. **Contingency Appropriation for SB 114.** Contingent upon the enactment of Senate Bill 114, or similar legislation relating to revising the definition of "intoxicated" to lower the blood alcohol concentration from 0.10 to 0.08, the Department of Health is hereby appropriated \$2,500,000 in fiscal year 2000 and \$2,500,000 in fiscal year 2001 from funds received from the Department of Transportation through the Federal Incentive Program. These funds may only be used for purposes permitted by such federal and state law relating to the emergency medical services and trauma care system fund as provided in Section 773.122, Health and Safety Code.
67. **Contingency Appropriation for House Bill 1398.** Contingent upon the enactment of House Bill 1398, or similar legislation relating to the County Indigent Health Care Program, by the Seventy-sixth Legislature, Regular Session, the Department of Health is hereby appropriated \$5,000,000 for fiscal year 2000 and \$5,000,000 for fiscal year 2001 out of the General Revenue Fund for the purpose of implementing HB 1398. The Department of Health is hereby authorized

DEPARTMENT OF HEALTH
(Continued)

to transfer the appropriation made pursuant to this provision to the appropriate strategy items listed above.

68. **Contingency Appropriation for House Bill 494.** Contingent upon the enactment of House Bill 494, or similar legislation to create a drug manufacturer rebate program for certain programs at the Department of Health, by the Seventy-sixth Legislature, Regular Session, the Department of Health is hereby appropriated \$814,946 for fiscal year 2000 and \$814,946 for fiscal year 2001 out of revenues generated pursuant to HB 494 for the purpose of implementing that Act. This appropriation is also contingent upon the Department of Health generating drug rebate revenues pursuant to HB 494 in the amount of \$1,926,864 for the biennium. The Department of Health is hereby authorized to transfer the appropriation made pursuant to this provision to the appropriate strategy items listed above.
69. **Contingency Reduction in Appropriations for House Bill 2085.** Contingent upon the enactment of House Bill 2085, Seventy-sixth Legislature, Regular Session, or similar legislation relating to the continuation of the Department of Health and requiring the agency to streamline administrative structures relating to health care delivery, which is assumed to result in a savings to the agency, the Department of Health General Revenue appropriations shall be reduced by \$323,585 in fiscal year 2000 and \$1,168,273 in fiscal year 2001.
70. **Contingency Reduction in Appropriations for House Bill 1514.** Contingent upon the enactment of House Bill 1514, Seventy-sixth Legislature, Regular Session, or similar legislation relating to implementation of certain procedures to ensure accuracy of medical assistance eligibility lists, the Department of Health general revenue appropriation shall be reduced by \$920,061 in fiscal year 2000 and by \$824,000 in fiscal year 2001.
71. **Contingency Appropriation for Senate Bill 1238.** Contingent upon the enactment of Senate Bill 1238, or similar legislation relating to the accreditation of environmental testing laboratories, by the Seventy-sixth Legislature, Regular Session, the Texas Department of Health is hereby appropriated \$37,357 for fiscal year 2000 and \$94,615 for fiscal year 2001 out of additional revenues collected pursuant to Senate Bill 1238 for the purpose of implementing that Act. Funds appropriated in this item may be transferred to other appropriate strategies for the purpose of implementing Senate Bill 1238. In no event shall the amount expended out of, or transferred from, this appropriation exceed the amount of additional revenues generated pursuant to Senate Bill 1238. The additional revenues generated must be sufficient to cover the costs of the appropriation as well as any indirect costs associated with the implementation of the provisions of the bill.
72. **Contingency Appropriation for Senate Bill 1249.** Contingent upon the enactment of Senate Bill 1249, or similar legislation relating to the regulation of ambulatory surgical centers, by the Seventy-sixth Legislature, Regular Session, the Texas Department of Health is hereby appropriated \$62,627 for fiscal year 2000 and \$177,123 for fiscal year 2001 out of additional revenues collected pursuant to Senate Bill 1249 for the purpose of implementing that Act. In no event shall the amount expended out of, or transferred from, this appropriation exceed the amount of additional revenues generated pursuant to Senate Bill 1249. The additional revenues generated must be sufficient to cover the costs of the appropriation as well as any indirect costs associated with the implementation of the provisions of the bill.
- * 73. **Contingency Appropriation for Senate Bill 1533.** Contingent upon the enactment of Senate Bill 1533, or similar legislation relating to the hazardous substances law, by the Seventy-sixth Legislature, Regular Session, the Texas Department of Health is hereby appropriated \$56,153 for fiscal year 2000 and \$60,230 for fiscal year 2001 out of additional revenues collected pursuant to Senate Bill 1533 for the purpose of implementing that Act. In no event shall the amount expended out of, or transferred from, this appropriation exceed the amount of additional revenues generated pursuant to Senate Bill 1533. The additional revenues generated must be

* *See Veto Proclamation.*

DEPARTMENT OF HEALTH
(Continued)

sufficient to cover the costs of the appropriation as well as any indirect costs associated with the implementation of the provisions of the bill.

74. **Contingency: Tertiary Care Facility Account.** The following provisions are contingent upon the enactment of HB 1398 or similar legislation to create the Tertiary Care Facility Account for the purpose of reimbursing facilities for tertiary care services provided to individuals residing outside of the service areas of those facilities.

Contingent upon the enactment of HB 1799, or similar legislation that would deposit funds into the Tertiary Care Facility Account, any funds transferred into the Tertiary Care Facility Account are hereby appropriated to the department, and the department is authorized to distribute those funds to facilities or transfer some or all of those funds to Strategy E.2.1., County Indigent Health.

In the event that no funds are allocated to the Tertiary Care Facility Account as a result of the enactment of House Bill 1799 or similar legislation, the department shall allocate \$1,000,000 in General Revenue during each year of the biennium to the Tertiary Care Facility Account, from Strategy E.2.1., County Indigent Health Care, and such funds from the Tertiary Care Facility Account are hereby appropriated.

HEALTH AND HUMAN SERVICES COMMISSION

	For the Years Ending	
	August 31, 2000	August 31, 2001
A. Goal: COORDINATE SERVICES		
The Health and Human Services Commission will facilitate and enforce coordinated delivery of health and human services in a manner that uses an integrated system to determine client eligibility; that maximizes the use of federal, state and local funds; that emphasizes coordination, flexibility and decision-making at the local level; and that promotes self-reliance.		
Outcome (Results/Impact):		
Number of Interagency Administrative Support Initiatives	11	11
A.1.1. Strategy: SYSTEM INTEGRATION	\$ 3,524,219	\$ 3,732,719
Facilitate and enforce coordinated planning and integrated delivery of health and human services.		
Output (Volume):		
Number of Guardianship Programs or Alternatives Developed or Enhanced as a Result of HHSC Technical Assistance	15	20
Number of Community Information Data Centers Linked to Statewide Databases	9	8
Number of Guardianship Assistance Grants	7	7
Efficiencies:		
Percent of Children Who Met Goals on Their CRCG Service Plans	71%	72%
B. Goal: STATE MEDICAID SYSTEM		
Improve the efficiency and effectiveness of the State Medicaid System.		

HEALTH AND HUMAN SERVICES COMMISSION
(Continued)

Outcome (Results/Impact):

Percent of Medicaid Caseload Enrolled in Managed Care	30%	32%
Total Dollars Recovered as a Percent of the Office of Investigations and Enforcement Budget	406%	456%
B.1.1. Strategy: STATE MEDICAID OFFICE	\$ 1,359,580	\$ 6,630,468
Set the overall policy direction of the state Medicaid program, and manage interagency initiatives to maximize federal dollars and improve quality of services by serving as the single state Medicaid agency.		
Output (Volume):		
Number of Interagency Medicaid Projects	19	19
Number of Medicaid Rates Overseen by HHSC	40	40
Average Number of Consolidated Waiver Clients Per Month	0	200
Average Monthly Number of CHIP II Children	96,553	280,811
Average Monthly Number of Legal Immigrant Children	1,085	3,917
Efficiencies:		
Average Monthly Cost/Waiver Client	0	2,092.35
Average Monthly Cost for CHIP II Children	69.37	72.39
Average Monthly Cost for Legal Immigrant Children	85	85
B.1.2. Strategy: INVESTIGATIONS AND ENFORCEMENT	\$ 8,379,694	\$ 8,379,694
Investigate fraud, waste and abuse in the provision of health and human services, and provide utilization assessment and review of Medicaid claims and client assessments.		
Output (Volume):		
Number of Medicaid Providers Excluded from Medicaid Program	400	425
Number of Investigations Identified by the Neural Network	1,992	2,383
Efficiencies:		
Cost per Completed Medicaid Provider Investigation	1,700	1,800
Total, Goal B: STATE MEDICAID SYSTEM	\$ 9,739,274	\$ 15,010,162
Goal: INDIRECT ADMINISTRATION		
C.1.1. Strategy: INDIRECT ADMINISTRATION	\$ 1,209,203	\$ 1,209,203
Grand Total, HEALTH AND HUMAN SERVICES COMMISSION	<u>\$ 14,472,696</u>	<u>\$ 19,952,084</u>
Method of Financing:		
<u>General Revenue Fund</u>		
General Revenue Fund	\$ 2,135,384	\$ 2,135,384
General Revenue Match for Medicaid	4,422,215	4,422,215
Earned Federal Funds	<u>610,383</u>	<u>610,383</u>
Subtotal, General Revenue Fund	\$ 7,167,982	\$ 7,167,982
Federal Funds, estimated	6,176,876	9,413,780

HEALTH AND HUMAN SERVICES COMMISSION
(Continued)

<u>Other Funds</u>		
Appropriated Receipts	16,300	16,300
Interagency Contracts, estimated	<u>1,111,538</u>	<u>3,354,022</u>
Subtotal, Other Funds	<u>\$ 1,127,838</u>	<u>\$ 3,370,322</u>
Total, Method of Financing	<u><u>\$ 14,472,696</u></u>	<u><u>\$ 19,952,084</u></u>
Number of Full-time Equivalent Positions (FTE)	182.5	182.0
Schedule of Exempt Positions		
Commissioner, Group 6	\$157,500	\$157,500

1. **Capital Budget.** None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in the provision as appropriations either for “Lease Payments to the Master Equipment Purchase Program” or for items with an “(MLPP)” notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of V.T.C.S., Art. 601d, Sec. 9A.

	<u>2000</u>	<u>2001</u>
Out of the General Revenue Fund:		
a. Acquisition of Information Resource Technologies		
(1) Information and Referral Project	<u>\$ 341,000</u>	<u>\$ 341,000</u>
Total, Capital Budget	<u><u>\$ 341,000</u></u>	<u><u>\$ 341,000</u></u>

2. **Federal Funds Appropriated.** The Health and Human Services Commission is hereby authorized to receive and disburse in accordance with plans acceptable to the responsible federal agency, all federal funds that are made available to the Commission, and to receive, administer, and disburse funds for federal programs in accordance with plans agreed upon by the Commission and the responsible federal agency, and such funds are appropriated to the Health and Human Services Commission to the specific purpose or purposes for which they are granted or otherwise made available.
3. **Budget Authority for Estimated Pass-through Funds.** In addition to the amounts appropriated above for the Health and Human Services Commission, the commission may establish additional budget authority with Comptroller of Public Accounts to reflect other estimated income except from the General Revenue Fund.
4. **Audit of Medicaid Funds.** All transactions involving the transfer or investment of any funds of the Title XIX Medicaid program, held in trust or reserve for the state by any non-governmental entity shall be subject to audit by the State Auditor's Office.
5. **Reimbursement of Advisory Committee Members.** Pursuant to V.T.C.A., Government Code, Section 2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above, is limited to the following advisory committees: Hospital Payment Advisory Committee, Medical Care Advisory Committee, Guardianship Advisory Board, and Information and Referral Project Advisory Committee.

HEALTH AND HUMAN SERVICES COMMISSION

(Continued)

6. **Appropriation of Receipts: Civil Monetary Damages and Penalties.** Out of funds collected as civil monetary damages and penalties under Human Resources Code Section 32.039, there are appropriated to the Health and Human Services Commission amounts equal to the costs of the investigation and collection proceedings conducted under the authority of that section.
7. **Support for Community Resource Coordination Groups (CRCG).** The Health and Human Services Commission (HHSC) is authorized to enter into interagency contracts with health and human services agencies, Texas Youth Commission, and the Texas Education Agency to support the operation of the state office of CRCG. Transfers will be from funds identified by the agencies, based on a formula developed by HHSC. Funds will be transferred at the beginning of each fiscal year.
8. **Medicaid Fraud Detection.** The Health and Human Services Commission shall report quarterly to the Governor, Legislative Budget Board and the Comptroller of Public Accounts, the referral source of each investigation opened by HHSC, the status of each open case, including those referred to the Office of the Attorney General for further action, and the amounts recovered including monetary and civil penalties collected.
9. **Sunset Contingency.** Funds appropriated above for fiscal year 2001 for the Health and Human Services Commission are made contingent on the continuation of the Health and Human Services Commission by the Legislature. In the event the agency is not continued, the funds appropriated for fiscal year 2000 or as much thereof as may be necessary are to be used to provide for the phase out of agency operations.
10. **Texas Demographic and Economic Data Survey.** It is the intent of the Legislature that the Health and Human Services Commission develop and administer a Texas Demographic and Economic Survey only in the event that the agency receives a foundation grant, federal grant or donated funds designated for that purpose.
11. **Texas Integrated Funding Initiative.** To continue efforts made related to the Texas Integrated Funding Initiative (TIFI) during the 1998-99 biennium, the following agencies shall each contribute from amounts appropriated elsewhere in this Act, \$30,000 in fiscal year 2000 and \$70,000 in fiscal year 2001 to the Health and Human Services Commission: Department of Mental Health and Mental Retardation, Department of Protective and Regulatory Services, Juvenile Probation Commission, Texas Education Agency, Commission on Drug and Alcohol Abuse, and Texas Youth Commission. Coordination and oversight of the TIFI shall be the responsibility of the Health and Human Services Commission. Funding in the first fiscal year shall be used to develop a statewide blueprint for the development of an interagency system of care which would specify best practices in finance, administration, governance and service delivery for integrated funding sites. Upon completion of the blueprint, up to six communities will be selected on a competitive basis to receive extensive training and technical assistance from the participating agencies.
12. **Recycling of Nursing Home Drugs.** The Health and Human Services Commission (HHSC), the Texas Department of Health (TDH), the Texas Department of Human Services (DHS) and the State Board of Pharmacy (SBP) shall collaborate in a study regarding recycling of nursing home drugs. Part of the study shall determine the feasibility, costs, and benefits of implementing the policy adopted by the American Medical Association (AMA) in the AMA Council on Scientific Affairs (CSA) Report 2-1-97, which is consistent with the policy of the American Society of Consulting Pharmacists. The study shall also identify each state and federal law, rule, and regulation which would require change to implement the AMA recommendations in Texas. HHSC shall serve as the lead agency, shall coordinate the participation of TDH, DHS, and SBP, and shall invite the participation of any other public or private entities HHSC believes would enhance the study. HHSC shall submit a report of its study to the Governor, the Lieutenant Governor, the House Speaker, the chair of each

HEALTH AND HUMAN SERVICES COMMISSION

(Continued)

legislative committee with jurisdiction over long-term care or pharmaceuticals, and the Legislative Budget Board no later than September 1, 2000.

13. **Federal Funds.** The Health and Human Services Commission may use the powers granted under Section 531 of the Government Code pertaining to Federal Funds management, to attempt to remediate any budget shortfall at the Texas Department of Health which may result from the delay in further implementation of Medicaid managed care.
14. **Contingency Revenue Gain: Senate Bill 11.** Contingent upon enactment of Senate Bill 11, Seventy-sixth Legislature, Regular Session, or similar legislation, the Commissioner of Health and Human Services shall certify and provide documentation to the Comptroller of Public Accounts that \$2,600,000 in Medicaid provider fraud collections and deposits to the credit of the General Revenue Fund during the 2000-01 biennium are above those included in the Comptroller of Public Accounts' Biennial Revenue Estimate.
15. **TIERS Oversight.** It is the intent of the Legislature in funding the Texas Integrated Eligibility Redesign System (TIERS) initiative at the Texas Department of Human Services, that the Health and Human Services Commission shall continue in its project oversight role to assure that client eligibility systems among other health and human services agencies and the Workforce Commission, are appropriately accommodated in the design and implementation of TIERS.

DEPARTMENT OF HUMAN SERVICES

	For the Years Ending	
	August 31, 2000	August 31, 2001
A. Goal: LONG TERM CARE CONTINUUM		
To provide appropriate care based on individual needs ranging from in-home and community-based services for elderly people and people with disabilities who request assistance in maintaining their independence and increasing their quality of life, to institutional care for those who require that level of support, seeking to ensure health and safety and to maintain maximum independence for the client while providing the support required.		
Outcome (Results/Impact):		
Percent of Long-term Care Clients Served in Community Settings	63%	65%
Percent of Facilities Complying With Standards at Time of Inspection	61%	63%
Percent of Complaints and Referrals Resulting in Disciplinary Action: Nursing Facility Administrators	23%	23%
A.1.1. Strategy: COMMUNITY CARE SERVICES	\$ 883,385,876	\$ 941,134,888
Provide assistance with daily needs in homes and community settings which will enable elderly persons, persons with disabilities, and others who qualify for nursing facility care but can be served at home or in the community to maintain their independence and prevent institutionalization.		
Output (Volume):		
Average Number of Clients Served per Month: Medicaid Non-Waiver Community Care	76,011	81,007
Average Number of Clients Served per Month: Medicaid Community Based Alternatives (CBA) Waiver	23,900	26,575
Average Number of Clients Served per Month: Medicaid Related Conditions Waiver (CLASS)	1,249	1,449
Average Number of Clients Served per Month: Non-Medicaid Community Care	16,979	16,979
Efficiencies:		
Average Monthly Cost per Client Served: Medicaid non-waiver Community Care	496.89	511.64
Average Monthly Cost per Client Served: Medicaid Community Based Alternatives (CBA) Waiver	1,043.87	1,062.12
Average Monthly Cost per Client Served: Medicaid Related Conditions Waiver (CLASS)	2,414.26	2,456.46
Average Monthly Cost per Client Served: Non-Medicaid Community Care	377.58	383.58
A.1.2. Strategy: IN-HOME & FAMILY SUPPORT	\$ 6,500,000	\$ 6,500,000
Provide cash subsidy and provide reimbursement for capital improvements, purchase of equipment, and other expenses to enable elderly persons and persons with disabilities to maintain their independence and prevent institutionalization.		
Output (Volume):		
Average Number of Clients Receiving In-Home/Family Support (IHFS) Cash Subsidy per Month	2,950	2,950

DEPARTMENT OF HUMAN SERVICES
(Continued)

A.1.3. Strategy: LTC ELIGIBILITY & SERVICE PLANNING	\$	98,494,032	\$	100,190,605
Provide timely and accurate eligibility determination for all individuals who apply and service planning and referral for all elderly persons and persons with disabilities who qualify for services.				
Output (Volume):				
Average Number of Persons Eligible per Month: Nursing Facilities		66,500		66,500
Average Number of Persons Eligible per Month: Community Care		115,753		120,272
Average Case Equivalents per LTC Medicaid Financial Eligibility Worker (Medical Assistance Only)		191		191
Efficiencies:				
Average Monthly Cost per Case: Nursing Facilities		18		18
Average Monthly Cost per Case: Community Care		37		37
A.1.4. Strategy: NURSING FACILITY & HOSPICE PAYMENTS	\$	1,669,330,855	\$	1,543,273,464
Provide payments which will promote quality care for clients with medical problems that require nursing facility or hospice care.				
Output (Volume):				
Average Number of Persons Receiving Medicaid-funded Nursing Facility Services per Month		64,991		65,082
Average Number of Clients Receiving Co-paid Medicaid/Medicare Nursing Facility Services per Month		3,901		3,932
Average Number of Clients Receiving Hospice Services per Month		1,993		2,133
Efficiencies:				
Net Nursing Facility Cost per Medicaid Resident per Month		1,922.08		1,972
Net Payment per Client for Co-paid Medicaid/Medicare Nursing Facility Services per Month		1,324.28		1,355.9
Average Net Payment per Client per Month for Hospice		1,946.04		2,003.53
A.1.5. Strategy: INTEGRATED SERVICE DELIVERY SYSTEMS	\$	210,324,034	\$	212,997,970
Promote the development of integrated service delivery systems for aged and disabled clients.				
Output (Volume):				
Average Number of Aged and Medicare-eligible Recipients per Month: STAR+PLUS Managed Care		25,425		25,843
Average Number of Disabled and Blind Recipients per Month: STAR+PLUS Managed Care		21,911		22,187
Average Number of Recipients per Month: Program for All Inclusive Care (PACE)		320		320
Efficiencies:				
Average Monthly Cost per Aged and Medicare-eligible Recipient: STAR+PLUS Managed Care		151.3		153.96
Average Monthly Cost per Disabled and Blind Recipient: STAR+PLUS Managed Care		584.09		577.34
Average Monthly Cost per Recipient: Program for All Inclusive Care (PACE)		2,262.41		2,321.17
A.2.1. Strategy: LONG-TERM CARE FACILITY REGULATION	\$	40,344,994	\$	40,537,380
Provide licensing, certification and contract enrollment services to ensure that residential facilities comply with state and federal standards.				

DEPARTMENT OF HUMAN SERVICES
(Continued)

Output (Volume):		
Average Number of Inspections Completed per Month	455	471
Average Number of Complaint and Incident Investigations Completed per Month	1,258	1,275
Total Dollar Amount Collected from Fines	891,374	937,272
A.2.2. Strategy: LONG-TERM CARE CREDENTIALING		
Provide credentialing, training and enforcement services to qualify individuals to provide services to nursing facility residents in compliance with applicable law and regulations.	<u>\$ 1,039,709</u>	<u>\$ 1,053,190</u>
Output (Volume):		
Average Number of Licenses Issued or Renewed per Month: Nursing Facility Administrators	154	109
Total, Goal A: LONG TERM CARE CONTINUUM	<u>\$ 2,909,419,500</u>	<u>\$ 2,845,687,497</u>

B. Goal: ENCOURAGE SELF-SUFFICIENCY
To encourage self-sufficiency and long-term independence from public assistance by providing prompt, accurate, comprehensive, and effective support and preventive services to low-income families.

Outcome (Results/Impact):		
Percent of Total Children in Poverty Receiving TANF	16%	15%
Unduplicated Number of TANF Adult Clients per Year Who Have Exhausted Their Time-Limited Benefits	3,245	3,782
Percent of Poverty Met by TANF-Basic, Food Stamps and Medicaid Benefits/Family of Three	75%	75%
Percent of TANF Cases Required to Sign the TANF Responsibility Agreement Who Are In Compliance With All Requirements in the Responsibility Agreement	80%	80%
B.1.1. Strategy: TANF GRANTS (FORMERLY AFDC)	<u>\$ 275,903,163</u>	<u>\$ 263,531,016</u>
Provide Temporary Assistance for Needy Families (TANF) Grants to eligible low-income persons in Texas.		
Output (Volume):		
Number of TANF-Basic Recipients per Month	318,998	285,558
Number of TANF-UP Recipients per Month	29,089	26,956
Average Number of TANF One-time Payments per Month	173	167
Number of Children Receiving Once-A-Year Grant	243,482	223,815
Number of Cases Referred for Services Annually	8,849	8,849
Efficiencies:		
Average Monthly Grant--TANF-Basic	58.06	58
Average Monthly Grant--TANF-UP	53.96	54.45
Once-A-Year Grant per Child	60	60
Cost Per Case for Purchased Services	500	500
B.1.2. Strategy: CSS ELIGIBILITY & ISSUANCE SERVICES	<u>\$ 391,661,068</u>	<u>\$ 335,403,472</u>
Provide accurate and timely eligibility and issuance services for employment resources, financial assistance, medical benefits, and food stamps through the use of new technology, improved management practices, and implementation of sufficient staff levels.		

DEPARTMENT OF HUMAN SERVICES
(Continued)

Output (Volume):

Average Number of Families Determined Eligible Monthly - TANF	25,000	24,000
Average Number of Households Determined Eligible Monthly - Food Stamps	140,000	138,000
Average Number of Cases Determined Eligible Monthly - Children, Pregnant Women, and Medically Needy Program (CPW Medicaid)	84,000	81,000
Average Number of Recipients per Month: Food Stamps	1,350,000	1,300,000
Average Number of Recipients per Month: Children, Pregnant Women, and Medically Needy Program (CPW Medicaid)	666,430	673,294

Efficiencies:

Average Standardized Case Equivalents per CSS Worker	230	230
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B.1.3. Strategy: NUTRITION ASSISTANCE \$ 156,937,273 \$ 166,007,573
Increase the availability of federal nutrition assistance by providing reimbursement for nutritious meals, food distribution, and nutrition education.

Output (Volume):

Average Number of Children and Adults Served Meals Through Child and Adult Care Food Program per Day	173,476	175,544
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B.1.4. Strategy: REFUGEE ASSISTANCE \$ 10,693,282 \$ 10,735,143
Assist refugees and immigrants in attaining self-sufficiency through financial, medical, and social services, and disseminate information to interested individuals.

Output (Volume):

Average Number of Refugees Receiving Financial and Medical Assistance per Month	1,531	1,531
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Total, Goal B: ENCOURAGE SELF-SUFFICIENCY \$ 835,194,786 \$ 775,677,204

C. Goal: FAMILY VIOLENCE SERVICES
To protect adult victims and their children from family violence.

Outcome (Results/Impact):

Percent of Adult Victims of Domestic Violence Requesting Shelter Who Could Not Receive Shelter Due to Lack of Space	18%	18%
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C.1.1. Strategy: FAMILY VIOLENCE SERVICES \$ 16,811,148 \$ 16,811,307
Provide emergency shelter and support services to victims of family violence and their children, educate the public, and provide training and prevention support to institutions and agencies.

Output (Volume):

Number of Women and Children Served	74,776	74,776
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Efficiencies:

DHS Average Cost per Person Receiving Emergency Shelter and/or Non-resident Services	224.82	224.82
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D. Goal: INDIRECT ADMINISTRATION

D.1.1. Strategy: CENTRAL ADMINISTRATION	\$ 25,107,246	\$ 25,248,100
D.1.2. Strategy: INFORMATION RESOURCES	\$ 49,148,331	\$ 51,493,399
D.1.3. Strategy: OTHER SUPPORT SERVICES	\$ 11,348,675	\$ 10,970,438

DEPARTMENT OF HUMAN SERVICES
(Continued)

D.1.4. Strategy: REGIONAL ADMINISTRATION	\$ 11,286,569	\$ 11,264,681
Total, Goal D: INDIRECT ADMINISTRATION	\$ 96,890,821	\$ 98,976,618
Grand Total , DEPARTMENT OF HUMAN SERVICES	<u>\$ 3,858,316,255</u>	<u>\$ 3,737,152,626</u>

Method of Financing:

<u>General Revenue Fund</u>		
General Revenue Fund	\$ 27,838,470	\$ 25,358,392
General Revenue Match for Medicaid	1,137,184,299	1,105,123,077
GR Match for Food Stamp Administration	55,369,028	103,886,131
GR MOE for Temporary Assistance for Needy Families (TANF)	131,349,810	131,399,077
Earned Federal Funds, estimated	<u>66,660,226</u>	<u>5,000,000</u>
Subtotal, General Revenue Fund	<u>\$ 1,418,401,833</u>	<u>\$ 1,370,766,677</u>
General Revenue Fund - Dedicated - Compensation to Victims of Crime Account No. 469	4,300,000	4,300,000
Federal Funds	2,400,952,866	2,336,342,930
<u>Other Funds</u>		
Interagency Contracts	19,587,197	20,446,040
Appropriated Receipts	5,274,359	5,296,979
Bond Proceeds - Revenue Bonds	<u>9,800,000</u>	<u>U.B.</u>
Subtotal, Other Funds	<u>\$ 34,661,556</u>	<u>\$ 25,743,019</u>
Total, Method of Financing	<u>\$ 3,858,316,255</u>	<u>\$ 3,737,152,626</u>

Number of Full-time Equivalent Positions (FTE)-State and Federal Funds	14,335.0	14,335.0
Number of Full-time Equivalent Positions (FTE)-Local and Federal Funds	697.0	697.0
Schedule of Exempt Positions		
Commissioner, Group 6	\$150,000	\$150,000

1. **Capital Budget.** None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in this provision as appropriations either for "Lease Payments to the Master Lease Purchase Program" or for items with an "(MLPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of V.T.C.S., Art. 601d, Sec. 9A.

DEPARTMENT OF HUMAN SERVICES
(Continued)

	<u>2000</u>	<u>2001</u>
a. Acquisition of Information Resource Technologies		
(1) Long Term Care Regulatory Systems: Support Re-engineered Process	\$ 1,134,384	\$ 376,325
(2) Long Term Care Regulatory Systems: Quality of Care Index Project	205,000	475,000
(3) CASE Laptops	500,000	0
(4) Telephone Systems Upgrade and Replacements	102,850	102,850
(5) Desktop Workstation Replacements	2,500,000	2,500,000
(6) Hardware and Software for Network Firewalls	40,000	40,000
(7) Automated Test Tool Software	50,000	50,000
(8) Hardware for Client/Server Operating Environment	365,625	357,800
(9) Software for Client/Server Operating Environment	239,333	173,000
(10) Back-up Power Supply	40,000	0
(11) Electronic Benefits Transfer (EBT): Systems Development and Purchase	1,050,000	U.B.
(12) Texas Integrated Eligibility Redesign Systems (TIERS)	12,000,000	32,000,000
(13) Texas Integrated Eligibility Redesign Systems (TIERS): Bond Purchases	<u>\$ 9,800,000</u>	<u>\$ U.B.</u>
Total, Acquisition of Information Resource Technologies	<u>\$ 28,027,192</u>	<u>\$ 36,074,975</u>
b. Acquisition of Capital Equipment and Items		
(1) Lease Payments to the Master Lease Purchase Program (1992/1993 and 1994/ 1995)	906,543	114,673
(2) Lease Payments to the Master Lease Purchase Program (2000/2001): EBT	0	2,500,000
(3) Lease Payments to the Master Lease Purchase Program (2000/2001): TIERS	0	1,000,000
(4) Debt Service for Revenue Bonds: TIERS	125,000	250,000
(5) Consolidated Health and Human Services Print Shop Equipment	<u>\$ 1,370,000</u>	<u>\$ 820,000</u>
Total, Acquisition of Capital Equipment and Items	<u>\$ 2,401,543</u>	<u>\$ 4,684,673</u>
Total, Capital Budget	<u><u>\$ 30,428,735</u></u>	<u><u>\$ 40,759,648</u></u>

Method of Financing (Capital Budget):

<u>General Revenue Fund</u>		
General Revenue Fund	\$ 2,778,479	\$ 3,002,065
General Revenue Match for Medicaid	2,943,952	4,639,782
GR Match for Food Stamp Administration	3,522,863	9,497,223
Earned Federal Funds	<u>669,071</u>	<u>1,544,123</u>
Subtotal, General Revenue Fund	<u>\$ 9,914,365</u>	<u>\$ 18,683,193</u>

DEPARTMENT OF HUMAN SERVICES
(Continued)

Federal Funds	10,253,982	21,571,879
<u>Other Funds</u>		
Interagency Contracts	460,388	504,576
Bond Proceeds - Revenue Bonds	<u>9,800,000</u>	<u>U.B.</u>
Subtotal, Other Funds	<u>\$ 10,260,388</u>	<u>\$ 504,576</u>
Total, Method of Financing	<u>\$ 30,428,735</u>	<u>\$ 40,759,648</u>

2. **Medical Assistance Payments.** General revenue funds appropriated herein above for all Medicaid services shall be payable in equal monthly installments on the first day of each calendar month; provided, however, that any balances on hand in such funds may be carried over from month to month during each fiscal year and from fiscal year 2000 to fiscal year 2001, and such funds are reappropriated to the department for the 2000-01 biennium.
3. **Federal Funds Appropriated.** The appropriations herein made may be used to match federal funds granted to the state for the payment of personal services, travel and other necessary expenses in connection with the administration and operation of a state program of public welfare services. The Department of Human Services is hereby authorized to receive and disburse in accordance with plans acceptable to the responsible federal agency, all federal moneys that are made available (including grants, allotments, and reimbursements) to the state and retain their character as federal funds for such purposes and all fees authorized by federal law, and to receive, administer, and disburse federal funds for federal programs in accordance with plans agreed upon by the Department of Human Services and the responsible federal agency, and such other activities as come under the authority of the Department of Human Services, and such moneys are appropriated to the specific purpose or purposes for which they are granted or otherwise made available. Earned federal funds are not considered to be federal funds for the purpose of this section.
4. **Federal, State and Local Funds Appropriated.** The Department of Human Services is hereby authorized to accept all moneys appropriated by the federal or state governments, or by the Commissioners' Court of any county, or by any political subdivisions, as provided by Section 11.003 of the Human Resources Code, as amended, for any purpose including but not limited to the cost of distributing foods to needy people, institutions, school lunch programs, or otherwise as provided by the laws of the United States and the rules and regulations issued pursuant thereto for the distribution of commodities as they now read or as they may be hereafter amended, and to deposit said moneys in the State Treasury. All of said funds are hereby appropriated to the Department of Human Services for the purposes for which they were granted.
5. **Reappropriation of Federal and Local Funds.** All funds received by the department from counties, cities, federal agencies and from any other local source and all balances from such sources as of August 31, 1999, are hereby appropriated for the biennium ending August 31, 2001, for the purpose of carrying out the provisions of this Act.
6. **Food Stamp Program Funds Appropriated.** The Department of Human Services is hereby designated as the state agency to establish and operate a statewide Food Stamp Program and to accept all moneys appropriated for this purpose by the federal or state governments, by the Commissioners' Court of any county, by any political subdivisions of the state, or received from any other source as provided for herein and in Chapter 33, Human Resources Code. The Department of Human Services is authorized to expend such funds for welfare purposes, including the cost of distributing foods to needy people, institutions, school lunch programs, or otherwise as provided by the laws of the United States and the rules and regulations issued pursuant thereto, for the establishment and operation of a statewide Food Stamp Program, and for the employment of essential personnel who shall be employed under a merit system basis

DEPARTMENT OF HUMAN SERVICES (Continued)

comparable to the merit principles or standards applicable to all other personnel of the department.

7. **Nursing Home Program Provisions.**

- a. **Nursing Home Income Eligibility Cap.** It is the intent of the Legislature that the income eligibility cap for nursing home care shall be maintained at the federal maximum level of 300 percent of Supplemental Security Income (SSI). Further, it is the intent of the Legislature that any cost-of-living increase in social security or other benefits sponsored by the federal government or that any increase in other pension plans should not result in the termination of Title XIX benefits for persons already eligible for services. The Department of Human Services is hereby authorized to expend general revenue funds to the extent necessary to insure the continuation of benefits to persons eligible.
- b. **Limitation on Per Day Cost of Alternate Care.** No funds shall be expended by the Department of Human Services for alternate care where the cost per patient per day exceeds the average Medicaid Nursing Facility rate or the patient's nursing facility rate, whichever is greater, except for cases individually exempted by the Board of Human Services.
- c. **Establishment of a Swing-bed Program.** Out of the funds appropriated above for nursing home vendor payments, the department shall maintain a "swing-bed" program, in accordance with federal regulations, to provide reimbursement for skilled nursing patients who are served in hospital settings in counties with a population of 100,000 or less. If the swing beds are used for more than one 30-day length of stay per year per patient, the hospital must comply with the regulations and standards required for nursing home facilities.
- d. **Nursing Home Bed Capacity Planning.** It is the intent of the Legislature that the department shall establish by rule procedures for controlling the number of Medicaid beds and for the decertification of unused Medicaid beds and for reallocating some or all of the decertified Medicaid beds. The procedures shall take into account a facility's occupancy rate.
- e. **Nursing Facility Competition.** It is the intent of the Legislature that the department encourage competition among contracted nursing facilities.

8. **Appropriation of Receipts: Civil Monetary Damages and Penalties.** Out of funds collected by the department as civil monetary damages and penalties under Human Resources Code Section 32.039, there are appropriated to the department amounts equal to the costs of the investigation and collection proceedings conducted under that section, and any amounts collected as reimbursement for claims paid by the department.

9. **Salaries of Probationary Employees.** It is provided that funds herein appropriated may be expended at rates established by the Department of Human Services for the salaries of employees who are newly hired, transferred or promoted into bona fide administrative or professional jobs and who are participating in a formalized training program in conjunction with their period of probationary service. At the successful conclusion of the probationary period these employees will be moved into regular classified positions.

10. **Appropriations Limited to Revenue Collections.** It is the intent of the Legislature that fees, fines, and other miscellaneous revenues as authorized and generated by the agency cover, at a minimum, the cost of the appropriations made above for the Nursing Facility Administrator program in Strategy A.2.2., Long Term Care Credentialing as well as the "other direct and indirect costs" associated with this program, appropriated elsewhere in this Act. Direct costs for the Nursing Facility Administrator program are estimated to be \$280,943 for fiscal year 2000 and \$280,943 for fiscal year 2001. "Other direct and indirect costs" for the Nursing Facility

DEPARTMENT OF HUMAN SERVICES (Continued)

Administrator program are estimated to be \$94,636 for fiscal year 2000 and \$95,894 for fiscal year 2001. In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.

11. **Accounting of Support Costs.** The State Comptroller shall establish separate accounts from which certain support costs shall be paid. The Department of Human Services is hereby authorized to make transfers into these separate accounts from line item strategies in order to pay for these expenses in an efficient and effective manner. Only costs not directly attributable to a single program may be budgeted in or paid from these accounts. Items to be budgeted in and paid from these accounts include, but are not limited to: postage, occupancy costs, equipment repair, telephones, office printing costs, supplies, freight and transport costs, telephone system costs, and salary and travel costs of staff whose function supports several programs. The department shall be responsible for monthly allocations of these costs to the original strategies.
12. **Fund Transfers for Funds Consolidation.** For the purpose of funds consolidation, federal and other funds may be transferred into the General Revenue Fund from the Department of Human Services Fund 117. The initial deposit of federal funds shall be made into Fund 117 and no direct expenditures shall be made from this fund.
13. **Pediatric Care in Nursing Facilities.** In determining the appropriate placement for children who currently receive care in nursing facilities, the department shall, within the requirements of federal law, consider the requests of parents concerning either a continued stay in a nursing facility providing skilled pediatric care or an alternate placement.
14. **Limitation: Transfer Authority.** Notwithstanding any other provision of this Act, none of the funds appropriated by this Act to the Department of Human Services for
 - a. A.1.1. Community Care Services;
 - b. A.1.3. LTC Eligibility & Service Planning;
 - c. A.1.4. Nursing Facility & Hospice Payments;
 - d. A.1.5. Integrated Service Delivery Systems;
 - e. A.2.1. Long-Term Care Facility Regulation; and
 - f. B.1.2. CSS Eligibility & Issuance Services

may be transferred to any other item of appropriation or expended for any purpose other than the specific purpose for which the funds are appropriated, however, transfers may be made between Medicaid Strategies in accordance with other provisions in this Act.

15. **Additional Funding Sources, Medicaid.** Notwithstanding any other provisions of this Act, if the appropriations provided for
 - a. A.1.1. Community Care Services;
 - b. A.1.3. LTC Eligibility & Service Planning;
 - c. A.1.4. Nursing Facility & Hospice Payments;
 - d. A.1.5. Integrated Service Delivery Systems;
 - e. A.2.1. Long-Term Care Facility Regulation; and
 - f. B.1.2. CSS Eligibility & Issuance Services

are not sufficient to provide for expenditures mandated by either state or federal law, after accounting for any appropriations made to the department and available for transfer to these programs, the Legislative Budget Board and the Office of the Governor may provide for and are hereby authorized to direct the transfer of sufficient amounts of funds to the department from appropriations made elsewhere in this Act.

DEPARTMENT OF HUMAN SERVICES
(Continued)

16. Medicaid and Other Program Reporting Requirements.

- a. None of the funds appropriated by this Act to the Department of Human Services may be expended or distributed by the department unless:
 - (1) the department submits to the Legislative Budget Board and the Office of the Governor a copy of each report or petition submitted to the federal government relating to Medicaid and other programs. This shall include, but is not limited to:
 - i. expenditure data;
 - ii. caseload data;
 - iii. revenue generation;
 - iv. cost allocation revisions;
 - v. state plan amendments; and
 - vi. state plan waivers, including, but not limited to, applications for new waivers or changes to existing waiver services, costs, or authorized number of clients.

Such reports shall be submitted to the Legislative Budget Board and the Office of the Governor no later than the date the respective report is submitted to the federal government, and

- (2) the Department submits to the Legislative Budget Board and the Office of the Governor at the close of each month a report detailing Medicaid and other program caseload figures and related expenditure amounts for the preceding 36 months, and projecting the anticipated Medicaid and other program caseloads, related expenditure amounts, and full-time equivalent requirements for the 36 month period beginning with the first month after the report is due. The report shall be prepared in a format specified by the Legislative Budget Board.
- b. Each report submitted to the Legislative Budget Board and the Office of the Governor pursuant to this provision must be accompanied by supporting documentation detailing the sources and methodologies utilized to develop any caseload or cost projections contained in each respective report and any other supporting material as specified by the Legislative Budget Board and the Office of the Governor.
- c. Each report submitted pursuant to this provision must contain a certification by the person submitting the report that the information provided is true and correct based upon information and belief together with supporting documentation.
- d. The Comptroller of Public Accounts shall not allow the expenditure of funds appropriated by this Act to the Department of Human Services if the Legislative Budget Board and the Office of the Governor certify to the Comptroller of Public Accounts that the Department of Human Services is not in compliance with this provision.

17. Reduction in Error Rates. The Department for Human Services shall set progressive goals for improving error rates for eligibility determination of Food Stamp benefits, with a specific schedule for meeting those goals. The department shall submit a semi-annual status report beginning September 1, 1999 to the Governor's Office and the Legislative Budget Board. The status report shall identify the progress made towards achieving those goals.

18. Earned Federal Funds.

- a. The Department of Human Services shall submit a monthly report to the Legislative Budget Board and the Governor which details revenues, expenditures, and balances for earned federal funds as of the last day of the prior month. The report shall be prepared in a format approved by the Legislative Budget Board.

DEPARTMENT OF HUMAN SERVICES
(Continued)

- b. The authority to receive and expend earned federal funds generated in the 2000-01 biennium in excess of those appropriated above is subject to the following limitations:
- (1) At least 14 days prior to any expenditure of earned federal funds in excess of those appropriated, the department shall report the earned federal funds received and provide documentation of the proposed use of these funds to the Legislative Budget Board, Governor's Office of Budget and Planning, and Health and Human Services Commission. At least 14 days prior to any meeting of the Board of Human Services to budget any use of earned federal funds above levels indicated in the appropriation above or to consider any program expansion, the department shall report the earned federal funds received and provide documentation of the proposed use of these funds to the Legislative Budget Board, Governor's Office of Budget and Planning, and Health and Human Services Commission.
 - (2) Notifications shall include information regarding the need which will be served with the additional revenue. In the event program expansions are under consideration, information shall be forwarded regarding the population to be served; criteria for eligibility; and impact upon existing programs.
 - (3) The report shall include the information detailed in "2" and identify the impact on established performance targets, measures, and full-time equivalent positions. The method of financing item, Earned Federal Funds, for appropriations made above includes unexpended and unobligated balances of earned federal funds remaining as of August 31, 1999 and receipts earned in fiscal years 2000 and 2001.
19. **Leases.** No funds under this Act may be expended for building space leased for the Department of Human Services which is totally vacated by the Department of Human Services.
20. **Child Support Supplemental Payments.** Out of the funds appropriated above in Item B.1.1., TANF Grants, and child support collections from the Child Support Trust Fund, the Department shall make supplemental payments to families receiving welfare who would be eligible to receive child support "pass through" and "first excess" payments under the Social Security Act Title IV-D child support distribution requirements prior to passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. These payments shall equal the amount of the "pass through" and "first excess" payment the family would have received under prior law. Child support collections shall comprise a portion of each total payment. The portion of the total payment funded with child support collections shall equal the state share of the Federal Medical Assistance Percentage (FMAP) for the fiscal year. If child support "pass through" or "first excess" payment distribution requirements are modified by federal law after enactment of this provision, the Department, in cooperation with the Office of the Attorney General, shall adjust the supplemental payments as necessary to be consistent with federal law and to not exceed the total the family would have received prior to welfare reform. The Department shall report any change to child support supplemental payments to the Governor and Legislative Budget Board.
21. **Temporary Emergency Assistance for Families At-Risk of Welfare Dependency.** Out of funds appropriated above in Strategy B.1.1., TANF Grants, the department shall provide a one-time emergency assistance payment to applicants for Temporary Assistance for Needy Families (TANF) who are likely to be employed within a short period of time, without referral to the Choices program.
22. **Assistance Registration and Eligibility Determination.** To the extent possible it is the intent of the Legislature that if the Texas Workforce Commission and/or the Department of Human Services require applicants for Temporary Assistance for Needy Families (TANF) assistance to register with the commission before the Department of Human Services can determine their eligibility for benefits, then the registration/orientation for TANF applicants shall be provided

DEPARTMENT OF HUMAN SERVICES (Continued)

at the Department of Human Services offices where the eligibility determination of TANF recipients occurs.

23. **Revolving Account for the Consolidated Health and Human Services Print Shop.** It is the intent of the Legislature that the Department of Human Services establish and maintain the “Revolving Account for the Consolidated Health and Human Services Print Shop” to account for the expenditures, revenues, and balances of managing a full-cost recovery Consolidated Print Shop. The expenditures, revenues, and balances for this operation shall be maintained separately by the Department of Human Services within its accounting system. Any unobligated balances as of August 31, 2000, are reappropriated for the same use during fiscal year 2001. For the purpose of meeting cash flow needs, the Department of Human Services may temporarily transfer funds from Strategy D.1.3., Other Support Services, to the revolving account. Transfers must be returned by the end of the fiscal year.
24. **Appropriation Transfer Between Fiscal Years.** In addition to the transfer authority provided elsewhere in this Act, the Department of Human Services may transfer appropriations made for fiscal year 2001 to fiscal year 2000, subject to the following conditions provided by this section:
 - a. Transfers under this section may be made only:
 - (1) If costs associated with providing Long Term Care Medicaid services exceed the funds appropriated for these services for fiscal year 2000, or
 - (2) for any other emergency expenditure requirements, including expenditures necessitated by public calamity.
 - b. Transfers may not exceed \$50,000,000 in general revenue.
 - c. A transfer authorized by this section must receive the prior approval of the Governor and the Legislative Budget Board.
 - d. The Comptroller of Public Accounts shall cooperate as necessary to assist the completion of a transfer and spending made under this section.
25. **Enhanced Federal Funding for Administration of the Food Stamp Program.** Enhanced federal funding is defined as funding from the federal government which exceeds the normal federal contribution toward administrative costs. The authority to expend enhanced federal funding for administrative costs paid in a prior fiscal year is subject to the following conditions:
 - a. Within 30 days of receiving notice of the state’s eligibility for enhanced federal funding, as a result of exceeding national accuracy standards for determining client eligibility and benefit levels, the Department of Human Services shall notify the Legislative Budget Board and the Governor;
 - b. At least 14 days prior to any meeting of the Board of Human Services to budget the enhanced federal funds, the Department of Human Services shall provide documentation of the proposed use of these funds to the Legislative Budget Board, the Governor, and Health and Human Services Commission. The report shall identify the impact on established performance targets, measures, and full-time equivalent positions, and shall be prepared in a format specified by the Legislative Budget Board.
 - c. In the event that the state receives enhanced federal funds, a portion of these funds, not to exceed \$2 million, shall be used by the Department of Human Services for the development and operation of a nutrition education and outreach program, or for activities that otherwise improve low-income consumers’ access to basic nutrition and healthy foods, and a portion

DEPARTMENT OF HUMAN SERVICES
(Continued)

of these funds, not to exceed \$2 million, shall be used by the Department of Human Services to provide bonuses to position classifications whose efforts directly contributed to meeting these performance standards.

- d. Before an employee can be eligible for a bonus, the employee must have been employed in the program for the related twelve months, remains employed in the program, and whose performance meets expectations.
 - e. Bonuses given to employees will not affect their eligibility for a merit salary increase or a promotion.
26. **Reimbursement of Advisory Committees.** Pursuant to V.T.C.A., Government Code, Section 2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above, is limited to the following advisory committees:
- a. Nursing Facility Administrators Advisory Committee
 - b. Aged and Disabled Advisory Committee
 - c. Client Self-support Services Advisory Committee
 - d. Personal Care Facility Advisory Committee
27. **Temporary Assistance for Needy Families (TANF) Maintenance of Effort.** It is the intent of the Legislature that all general revenue appropriated above for TANF maintenance of effort shall be expended within the appropriate fiscal year for that purpose in order to secure the TANF federal block grant for the state. Out of funds appropriated above in Strategy B.1.1., TANF Grants, \$131,349,810 in general revenue is appropriated for TANF maintenance of effort for fiscal year 2000, and \$131,399,077 in general revenue is appropriated for TANF maintenance of effort for fiscal year 2001. None of the general revenue appropriated for TANF maintenance of effort in Strategy B.1.1., TANF Grants, may be transferred to any other item of appropriation or expended for any purpose other than the specific purpose for which the funds are appropriated. However, general revenue appropriated for TANF maintenance of effort may be transferred to Strategy B.1.2., Client Self Support Eligibility, subject to the following limitations:
- a. Declines in TANF caseloads prevent the Department of Human Services from expending all general revenue appropriated for TANF maintenance of effort in Strategy B.1.1., TANF Grants, within the appropriate fiscal year;
 - b. The amount of general revenue transferred from Strategy B.1.1., TANF Grants, shall be expended within Strategy B.1.2., Client Self Support Eligibility, for TANF program operating costs (object of expense 2000), within the appropriate fiscal year; and
 - c. At least 14 days prior to transferring general revenue funds from Strategy B.1.1., TANF Grants, to Strategy B.1.2., Client Self Support Eligibility, the Department of Human Services shall notify the Legislative Budget Board and the Governor.
28. **Transfer Authority and Limitation on Appropriations: TANF Maintenance of Effort.** Contingent upon the projected achievement of federal work participation rates in each year of the biennium, based on caseload and participation rate data reported by the Department of Human Services and the Texas Workforce Commission to the Legislative Budget Board and the Governor, the Department shall transfer to the Texas Workforce Commission out of General Revenue appropriated above in Strategy B.1.1., as maintenance of effort for Temporary Assistance for Needy Families (TANF) up to \$19,599,299 for the 2000-01 biennium. Any additional General Revenue appropriated as TANF maintenance of effort in Strategy B.1.1. beyond that required by federal law shall be expended only upon prior written approval of the Legislative Budget Board and the Governor.

DEPARTMENT OF HUMAN SERVICES
(Continued)

29. **Sunset Contingency.** Funds appropriated above for fiscal year 2001 for the Department of Human Services are made contingent on the continuation of the Department of Human Services by the Legislature. In the event that the agency is not continued, the funds appropriated for fiscal year 2000 or as much thereof as may be necessary are to be used to provide for the phase out of agency operations.
30. **Community Alzheimer's Resources and Education (CARE) Program.** Out of amounts appropriated above to Strategy A.1.3., LTC Eligibility & Service Planning, the Department of Human Services is allocated \$842,628 in fiscal year 2000 and \$1,613,185 in fiscal year 2001 to expand the CARE program to four additional sites. The department shall also encourage positive program outcomes, identify and address gaps in service, and improve service delivery. Not later than January 15, 2001, the department shall submit to the Legislature and the Governor a report which identifies progress made toward achieving these goals, identifies actual and planned pilot locations, and assesses the effectiveness of the CARE program in improving understanding of Alzheimer's disease and treatment.
31. **Earned Income Disregard.** Out of amounts appropriated above to Strategy B.1.1., TANF Grants, the Department of Human Services is allocated \$8,098,869 in fiscal year 2000 and \$9,603,538 in fiscal year 2001 to increase the earned income disregard for working TANF families. When determining eligibility and benefits, the department shall exclude \$120 of earnings and 90 percent of the remaining earnings for each of the first four months of employment by a recipient. After the first four months of employment, the department shall exclude \$120 of a recipient's earnings each month.
32. **Survey of Nursing Facility Residents.** Out of funds appropriated above in Strategy A.1.4., Nursing Facility & Hospice Payments, the Department of Human Services is allocated
- a. \$360,000 in all funds, of which \$180,000 is general revenue, in fiscal year 2000 to conduct a survey of nursing facility residents. The survey shall assess how satisfied residents are with their quality of care and quality of life. Not later than January 15, 2001, the department shall submit a written report on the survey to the Legislature, Governor, and Health and Human Services Commissioner;
 - b. Up to \$300,000 in all funds, of which \$150,000 is general revenue to continue the Quality Improvement pilot begun under the provision of House Bill No. 1, Seventy-fifth Legislature, Regular Session, Article II, Department of Human Services, Item 26, p. II-54. It is further the intent of the Legislature that expenditures of these funds be matched on a dollar for dollar basis by nursing home providers, to continue this Quality Improvement pilot project. If matching funds from nursing home providers are not received, the Department of Human Services shall expend no funds on the continuation of the pilot project; and
 - c. Up to \$1,000,000 in all funds, of which \$500,000 is general revenue, to perform on-site case reviews of nursing home resident care in specific quality areas. Using measurement tools developed in the Quality Improvement pilot described in (b) above, these reviews will identify preventable occurrences of adverse outcomes. The result of these reviews will be included in the report to the Legislature, Governor and Health and Human Services Commissioner described in (a) above.
33. **TANF Grants.** It is the intent of the Legislature that the department adjust the TANF grant amount each year to ensure that the maximum monthly grant for a family of three is at least 17 percent of the federal poverty level. Out of funds appropriated above in Strategy B.1.1., TANF Grants, the department is allocated \$18,000,000 in fiscal year 2000 and \$16,000,000 in fiscal year 2001 to increase the maximum TANF grant for a family of three to at least 17 percent of the federal poverty level. Out of funds appropriated above in Strategy B.1.1., TANF Grants, the

DEPARTMENT OF HUMAN SERVICES
(Continued)

department is allocated \$14,000,000 in fiscal year 2000 and \$13,600,000 in fiscal year 2001 to provide a one-time per year grant of \$60 for each TANF child on August 1 of each year.

34. **Contingency Appropriation: Electronic Benefits Transfer (EBT) Program.** Funds appropriated above in Strategy B.1.2., CSS Eligibility & Issuance Services, include \$1,918,012 in General Revenue, \$1,032,226 in Earned Federal Funds, and \$3,142,125 in Federal Funds for fiscal year 2000 for continuation of the Electronic Benefits Transfer (EBT) program, contingent upon the approval of an action plan by the Legislative Budget Board and the Governor. The Department of Human Services shall submit the action plan by September 15, 1999. The plan must include an explanation of alternatives considered and justification of how the funds will be spent. Provided an action plan is approved, any unexpended balances out of funding identified above for the continuation of the EBT program for the year ending August 31, 2000, may be carried forward into fiscal year 2001, and such balances are hereby appropriated for the same purpose.
35. **Finance Authority: Electronic Benefits Transfer (EBT) Program.** The Department of Human Services is hereby authorized to use the most cost-effective type of financing for purchases related to continuing the Electronic Benefits Transfer (EBT) program. Finance authority not utilized in fiscal year 2000 may be carried forward into fiscal year 2001.

The Texas Public Finance Authority may issue revenue bonds or other revenue obligations to finance the design, development, acquisition and implementation of automated data processing systems to support the continuation of the Electronic Benefits Transfer (EBT) program, at an estimated cost of \$6,092,363 for the biennium. As provided by Article 601d, Vernon's Texas Civil Statutes, in recognition that the costs are not final at the time that the project is authorized for financing and that bonds may be issued to fund associated costs, including reasonably required reserved funds, capitalized interest, administrative costs of the authority and issuing expenses, the principle amount of any issuance of bonds for this purpose may be in an amount not to exceed one and one-half the amount the expected cost for the project being financed. From the proceeds of the issuance and sale of such bonds or obligations, such amounts as may be necessary to fund the associated costs are hereby appropriated to the Texas Public Finance Authority for the fiscal year beginning September 1, 1999. From any funds appropriated to the Department of Human Services, an amount not to exceed \$2,400,000 for the biennium in all funds is appropriated and may be used for paying debt service on the obligations issued by the Texas Public Finance Authority on behalf of the department for the above mentioned project.

From the remaining proceeds of the issuance and sale of such bonds, and subject to approval by the Legislative Budget Board and the Governor, such amounts as may be necessary to fund any costs relating to the design, development, acquisition and implementation of automated data processing systems to support the continuation of the Electronic Benefits Transfer (EBT) program are hereby appropriated to the Department of Human Services for the fiscal biennium beginning September 1, 1999. The capital project authorized in this section is not subject to the limitations on capital budget expenditures included elsewhere in this Act.

36. **Appropriation: Texas Integrated Eligibility Redesign Systems (TIERS) Financing.** Out of funds appropriated above in fiscal year 2000 in Strategy B.1.2., CSS Eligibility & Issuance Services, the Department of Human Services is allocated (for the biennium) \$19,300,000 in general revenue, \$25,700,000 in federal funds, and \$9,800,000 in revenue bond proceeds, totaling \$54,800,000 in all funds, contingent upon approval by the Legislative Budget Board and the Governor of a plan for integration of services authorized by HB 2777, Seventy-fifth Legislature, Regular Session. The plan shall include dates, milestones, and costs of the project period. The Department shall make quarterly reports to the Legislative Budget Board and the Governor on these items as well as quarterly budgeted amounts, actual expenditures, and the status of contracted services, as well as any other information requested. All contracts relating to this project shall include performance measures.

DEPARTMENT OF HUMAN SERVICES
(Continued)

To fund the plan, the Department may seek funding from the most cost-effective type of financing, including but not limited to cash acquisition, commercial financing, and financing provided by the Texas Public Finance Authority. Following approval of the plan by the Legislative Budget Board and the Governor, the Texas Public Finance Authority may issue revenue bonds or other debt obligations to finance the design, development, acquisition, and implementation of automated data processing systems to support the plan at an estimated project cost of \$10,000,000. As provided by Article 601d, Vernon's Texas Civil Statutes, in recognition that cost estimates are not final at the time that the project is authorized for financing and that bonds may be issued to fund associated costs, including reasonably required reserve funds, capitalized interest, administrative costs of the authority and debt issuing expenses, the principal amount of any issuance of debt for this purpose may be in an amount not to exceed one and one-half the amount of the expected cost for the project being financed. From the proceeds of the issuance and sale of such bonds or debt obligations, such amounts as may be necessary to fund the associated costs of issuances are hereby appropriated to the Texas Public Finance Authority for the fiscal biennium beginning September 1, 1999. From any funds transferred to the Department of Human Services for the purpose of implementing the plan approved under HB 2777, Seventy-fifth Legislature, Regular Session, and from any funds appropriated to the Department of Human Services, an amount not to exceed \$1,500,000 (amounts needed for debt service) for the biennium in all funds may be transferred to the Texas Public Finance Authority for lease payments to the Texas Public Finance Authority to pay debt service on the obligations issued by the Texas Public Finance Authority on behalf of the department for the above-mentioned project.

37. **Contingency Appropriation: Community Care Services Rate Increase.** Out of the amounts appropriated above, the Texas Department of Human Services is appropriated \$10,400,000 in general revenue funds and \$16,577,951 in federal funds for fiscal year 2000 for reimbursement increases for community care. Contingent upon certification by the Health and Human Services Commissioner of the adoption of agency rules that incentivize increased wages and benefits for community care attendants, the amounts of \$10,400,000 in general revenue funds and \$16,515,114 in federal funds appropriated above may be expended for fiscal year 2001 for reimbursement increases for community care. The Commissioner shall make the certification to the Governor and the Legislative Budget Board by July 1, 2000, and the certification must be accompanied by supporting documentation detailing how the agency will ensure that providers will comply with the new wage rules, as well as any other supporting materials specified by the Governor or the Legislative Budget Board. These funds are appropriated for the purpose of improving the quality of care for community care clients.
38. **Contingency Appropriation: Nursing Facility Staffing and Quality of Care.** Out of the amounts appropriated above, the Texas Department of Human Services is appropriated \$15,800,000 in general revenue funds and \$25,185,733 in federal funds for fiscal year 2000 for reimbursement increases for nursing homes and hospice care. Contingent upon certification by the Health and Human Services Commissioner of the adoption of agency rules that incentivize increased direct care staffing and direct care wages and benefits in nursing homes, the amounts of \$15,800,000 in general revenue funds and \$25,090,269 in federal funds appropriated above may be expended for fiscal year 2001 for reimbursement increases for nursing homes and hospice. The Commissioner shall make the certification to the Governor and the Legislative Budget Board by July 1, 2000, and the certification must be accompanied by supporting documentation detailing how the agency will ensure that providers will comply with the new staffing reimbursement rules, as well as any other supporting materials specified by the Governor or the Legislative Budget Board. These funds are appropriated for the purpose of improving the quality of care for community care for nursing home and hospice clients.
39. **Payment for Nursing Facility Services Incurred in August 2001.** The Department of Human Services is authorized to make payments for nursing facility services incurred in August 2001 which exceed appropriated amounts from fiscal year 2002 appropriations.

DEPARTMENT OF HUMAN SERVICES
(Continued)

40. **Travel for Monitoring and Fraud Investigations.** The limitation on travel expenditures in Article IX of this Act does not apply to the Department of Human Services in instances of travel expenditures directly associated with long-term care monitoring and auditing visits conducted pursuant to state and federal statutes. The Department of Human Services shall annually notify the Comptroller, the Legislative Budget Board, and the Governor's Office of Budget and Planning of travel expenditures exempted under this section.
41. **Full-time Equivalent Positions (FTE)–Local and Federal Funds.** Only local funds (appropriated receipts) and federal funds may be used to pay salaries, benefits or related costs for the Number of Full-time Equivalent Positions (FTE)–Local and Federal Funds, identified above. The following are included within this cap: 479 hospital-based worker FTE positions in Strategy B.1.2., CSS Eligibility and Issuance Services, 93 FTE positions in Strategy B.1.3., Nutrition Assistance, 25 FTE positions in Strategy B.1.4., Refugee Assistance, and 100 FTE positions for CHIP, Phase II (or Medicaid Spillover) in Strategy B.1.2., CSS Eligibility and Issuance Services. The Department of Human Services may utilize the FTE authority contained in the Number of Full-time Equivalent Positions (FTE)–Local and Federal Funds only to the extent that local and federal funds are readily available. Under no circumstances may unfilled FTE positions from the Number of Full-time Equivalent Positions (FTE)–Local and Federal Funds be transferred to the Number of Full-time Equivalent Positions (FTE)–State and Federal Funds.
42. **Contingency for Senate Bill 109.** Contingent on enactment of Senate Bill 109, or similar legislation relating to the reimbursement of travel expenses for a public member of the Long-term Care Legislative Oversight Committee, by the Seventy-sixth Legislature, Regular Session, the Department of Human Services is authorized to reimburse a public member of the Long-term Care Legislative Oversight Committee for official travel expenses out of funds appropriated above.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

	For the Years Ending August 31, 2000	August 31, 2001
A. Goal: COMMUNITY MENTAL HEALTH SERVICES		
To increase the abilities of persons with mental illness to lead successful lives in their communities.		
Outcome (Results/Impact):		
Percent of Adult Customers Receiving MH Community Services Whose Functional Level Stabilized or Increased	93%	93%
Percent of Parents Who are Satisfied with MH Services Delivered to Their Children	90%	90%
Percent of Customers Served in the Community Out of Total Customers Receiving Mental Health Services Through the MHA (TXMHMR System)	97%	97%
A.1.1. Strategy: ASSESSMENT & COORDINATION	\$ 70,932,182	\$ 70,932,182
To assess individual needs and assure timely access to appropriate services.		
Output (Volume):		
Average Monthly Number of MH Customers Served in the Community	97,729	97,729

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

A.1.2. Strategy: TRAINING AND SUPPORTS	\$	75,048,553	\$	75,047,461
To provide supports and services so that people with mental illness can live independently.				
Output (Volume):				
Average Monthly Number of Adults Receiving Assertive Community Treatment (ACT)		2,660		2,660
Average Monthly Number of Customers Receiving MH Supported Housing Services		4,370		4,370
Number of Customers Receiving MH In-Home and Family Support		4,900		4,900
Efficiencies:				
Average Monthly Cost per Adult Receiving Assertive Community Treatment (ACT)		336		336
Average Monthly Cost per Customer Receiving MH Supported Housing Services		256		256
Average Grant per Customer Receiving MH In-Home and Family Support		1,300		1,300
A.1.3. Strategy: TREATMENT	\$	116,377,594	\$	116,377,595
To provide crisis, medical, and counseling services in the community.				
Output (Volume):				
Average Monthly Number of Customers Receiving MH Counseling and Medication Related Services		79,000		79,000
Average Monthly Number of Community Customers Receiving New Generation Medications		20,962		20,962
Efficiencies:				
Average Monthly Cost per Customer Receiving MH Counseling and Medication Related Services		120		120
Average Monthly Cost per Person Receiving New Generation Medications		244		244
A.1.4. Strategy: COMMUNITY HOSPITALS	\$	40,198,357	\$	40,198,357
Provide inpatient and outpatient treatment, crisis assessment, and medical services to persons served in community hospitals.				
Output (Volume):				
Average Monthly Number of Community Hospital Residential Services Occupied Beds		296		296
Efficiencies:				
Average Monthly Cost per Community Hospital Residential Services Occupied Beds		8,488		8,488
A.1.5. Strategy: CHILDREN'S MH SERVICES	\$	<u>57,429,269</u>	\$	<u>57,429,269</u>
To develop and provide coordinated services for emotionally disturbed children and their families through Texas Children's Mental Health Services.				
Output (Volume):				
Average Monthly Number of Children Receiving Treatment Services		16,066		16,066
Total, Goal A: COMMUNITY MENTAL HEALTH SERVICES	\$	<u>359,985,955</u>	\$	<u>359,984,864</u>

B. Goal: MH SPECIALIZED SERVICES
To promote the recovery and abilities of persons with mental illness requiring specialized treatment not available in community settings.
Outcome (Results/Impact):
Percent of Customers Receiving MH Campus Services Whose Functional Level Stabilized or Increased

95%	95%
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DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

B.1.1. Strategy: STATE HOSPITAL SERVICES	\$	206,082,225	\$	205,857,251
To provide specialized assessment, treatment and medical services in state psychiatric facility programs.				
Output (Volume):				
Average Monthly Census of State Psychiatric Facilities		2,456		2,456
Average Monthly Number of Psychiatric Facility Customers				
Receiving Mental Health New Generation Medication Services		2,089		2,089
Efficiencies:				
Average Monthly Facility Cost per Occupied State Psychiatric Facility Bed		7,827		7,827
Average Monthly Cost per Psychiatric Facility Customer				
Receiving New Generation Medication Services		244		244
B.1.2. Strategy: STATE HOSPITAL ADMINISTRATION	\$	29,427,710	\$	29,427,710
To administer and support specialized assessment, treatment, and medical services in state psychiatric facility programs.				
Total, Goal B: MH SPECIALIZED SERVICES	\$	235,509,935	\$	235,284,961

C. Goal: COMMUNITY MR SERVICES
To support the abilities of persons with mental retardation to lead successful lives in their communities.

Outcome (Results/Impact):

Outcome (Results/Impact):		221	267
Number of Customers Moved from MR Campus to Community			
C.1.1. Strategy: ASSESSMENT & COORDINATION	\$	45,757,946	\$ 45,543,761
To assess individual needs and assure timely access to appropriate mental retardation services.			
Output (Volume):			
Average Monthly Number of Customers Served in MR Community Services		26,132	26,178
C.1.2. Strategy: VOCATIONAL SERVICES	\$	51,757,796	\$ 51,759,515
To provide mental retardation services and supports.			
Output (Volume):			
Average Monthly Number of Customers Receiving MR Supported/Competitive Employment Services		2,391	2,391
Efficiencies:			
Average Monthly Cost per Customer Receiving MR Supported/Competitive Employment Services		656	656
C.1.3. Strategy: TRAINING SERVICES	\$	61,835,339	\$ 61,837,056
To provide mental retardation training and support services.			
Output (Volume):			
Average Monthly Number of Customers Receiving MR Training and Support Services		7,500	7,500
Number of Customers Receiving MR In-Home and Family Support		5,479	5,479
Efficiencies:			
Average Grant per Customer Receiving Mental Retardation In-Home and Family Support		2,000	2,000
C.1.4. Strategy: MR COMMUNITY RESIDENTIAL			
To provide residential services and supports for persons with mental retardation in the community.			

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

Output (Volume):		
Average Monthly Number of Customers Served in HCS	5,672	5,812
Average Number of Persons in ICF/MR Medicaid Beds per Month, Total	7,627	7,627
Efficiencies:		
Average Monthly Cost per Customer Served in HCS	3,846	3,838
C.1.4.1. Sub-Strategy: HCS WAIVER Home and Community-based Services Waiver	\$ 255,290,063	\$ 260,846,774
C.1.4.2. Sub-Strategy: ICF-MR PAYMENTS Intermediate Care Facilities for Persons with Mental Retardation	\$ 361,153,704	\$ 361,153,704
C.1.4.3. Sub-Strategy: NON-MEDICAID RESIDENTIAL	<u>\$ 30,691,438</u>	<u>\$ 30,692,486</u>
Non-Medicaid Funded Residential		
Total, Strategy C.1.4: MR COMMUNITY RESIDENTIAL	<u>\$ 647,135,205</u>	<u>\$ 652,692,964</u>
Total, Goal C: COMMUNITY MR SERVICES	<u>\$ 806,486,286</u>	<u>\$ 811,833,296</u>

D. Goal: MR SPECIALIZED SERVICES
To promote the well being and abilities of persons with mental retardation who require the most intensive, specialized long-term care.

Outcome (Results/Impact):		
Average Number of Days MR Campus Residents Recommended for Community Placement Wait for Placement	600	600
D.1.1. Strategy: STATE SCHOOL SERVICES To provide specialized assessment, treatment, support, and medical services in state school and state campus programs.	\$ 271,821,760	\$ 271,821,759
Output (Volume):		
Average Monthly Enrollment of MR Campus Residential Services	5,457	5,457
Efficiencies:		
Average Monthly Cost per Occupied MR Campus Residential Services	4,134	4,134
D.1.2. Strategy: STATE SCHOOL ADMINISTRATION To administer and support specialized assessment, treatment/support, and medical services in state school and state campus programs.	<u>\$ 33,207,577</u>	<u>\$ 32,870,116</u>
Total, Goal D: MR SPECIALIZED SERVICES	<u>\$ 305,029,337</u>	<u>\$ 304,691,875</u>

E. Goal: IMPROVE SYSTEM QUALITY
To efficiently manage and improve the assets and infrastructure of state facilities.

E.1.1. Strategy: CAPITAL CONSTRUCTION	\$ 8,669,527	\$ 100,000 & U.B.
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To construct and renovate facilities for the delivery of care in state facilities.

F. Goal: INDIRECT ADMINISTRATION
To assure the efficiency, quality, and effective administration of services provided to persons with mental illness and mental retardation.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

F.1.1. Strategy: CENTRAL ADMINISTRATION	\$ 18,912,147	\$ 18,912,147
F.1.2. Strategy: INFORMATION RESOURCES	\$ 6,532,233	\$ 6,532,233
F.1.3. Strategy: OTHER SUPPORT SERVICES	\$ 2,185,367	\$ 2,185,367
Total, Goal F: INDIRECT ADMINISTRATION	\$ 27,629,747	\$ 27,629,747
Grand Total, DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION	\$ 1,743,310,787	\$ 1,739,524,743

Method of Financing:

General Revenue Fund		
General Revenue Fund	\$ 620,496,183	\$ 619,368,098
General Revenue Match for Medicaid	353,542,439	355,847,286
Subtotal, General Revenue Fund	\$ 974,038,622	\$ 975,215,384
General Revenue Fund - Dedicated - Texas Capital Trust Fund Account No. 543	8,669,527	100,000 & U.B.
Federal Funds	689,818,568	695,413,351
Other Funds		
Appropriated Receipts	64,893,891	62,905,829
Interagency Contracts	5,890,179	5,890,179
Subtotal, Other Funds	\$ 70,784,070	\$ 68,796,008
Total, Method of Financing	\$ 1,743,310,787	\$ 1,739,524,743

Number of Full-time Equivalent Positions (FTE)	21,383.5	20,222.0
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Schedule of Exempt Positions		
Commissioner, Group 6	\$140,000	\$140,000

1. **Capital Budget.** None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in this provision as appropriations either for "Lease payments to the Master Lease Purchase Program" or for items with an "(MLPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of V.T.C.S., Art. 601d, Sec. 9A.

	2000	2001
a. Repair or Rehabilitation of Buildings and Facilities		
(1) MLPP Payments for 1992-1995		
Acquisitions	\$ 3,239	\$ 0
(2) Repair or Rehabilitation of Buildings and Facilities	8,669,527	100,000 & U.B.
Total, Repair or Rehabilitation of Buildings and Facilities	\$ 8,672,766	\$ 100,000

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

b.	Acquisition of Information Resource Technologies		
(1)	MLPP Payments for 1992-1995 Acquisitions	485,124	0
(2)	MLPP Payments for 1998-1999 Acquisitions	<u>\$ 1,889,617</u>	<u>\$ 1,880,912</u>
	Total, Acquisition of Information Resource Technologies	<u>\$ 2,374,741</u>	<u>\$ 1,880,912</u>
c.	Transportation Items		
(1)	MLPP Payments for 1999 Acquisitions	3,485,392	3,469,335
d.	Acquisition of Capital Equipment and Items		
(1)	MLPP Payments for 1992-95 Acquisitions	40,038	0
(2)	MLPP Payments for 1998-1999 Acquisitions	<u>\$ 3,475,657</u>	<u>\$ 3,459,644</u>
	Total, Acquisition of Capital Equipment and Items	<u>\$ 3,515,695</u>	<u>\$ 3,459,644</u>
	Total, Capital Budget	<u><u>\$ 18,048,594</u></u>	<u><u>\$ 8,909,891</u></u>

Method of Financing (Capital Budget):

General Revenue Fund	\$ 9,379,067	\$ 8,809,891
General Revenue Fund - Dedicated - Texas Capital Trust Fund Account No. 543	8,669,527	100,000 & U.B.
	<u> </u>	<u> </u>
Total, Method of Financing	<u><u>\$ 18,048,594</u></u>	<u><u>\$ 8,909,891</u></u>

2. **Federal Funds Appropriated.** The appropriations herein made may be used to match federal funds granted to the state for the payment of personal services, travel and other necessary expenses in connection with the administration and operation of a state program of health and human services. The Texas Department of Mental Health and Mental Retardation is hereby authorized to receive and disburse in accordance with plans acceptable to the responsible federal agency, all federal monies that are made available (including grants, earnings, allotments, refunds, and reimbursements) to the state for such purposes and all fees authorized by federal law, and to receive, administer, and disburse federal funds for federal programs in accordance with plans agreed upon by the Department of Mental Health and Mental Retardation and the responsible federal agency, and such other activities as come under the authority of the Department of Mental Health and Mental Retardation, and such monies are appropriated to the specific purpose or purposes for which they are granted or otherwise made available.
3. **Reappropriation of Federal and Local Funds.** All funds received by the department from counties, cities, federal agencies and from any other local source and all balances from such sources as of August 31, 1999, are hereby appropriated for the biennium ending August 31, 2001, for the purpose of carrying out the provisions of this Act.
4. **Medical Assistance Payments and Unexpended Balances.** General revenue funds appropriated hereinabove for all Medicaid services shall be payable in equal monthly installments on the first day of each calendar month; provided, however, that any balances on hand in such funds may be carried over from month to month during each fiscal year and from fiscal year 2000 to fiscal year 2001, and such funds are reappropriated to the department for the 2000-01 biennium.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

5. Transfers of Appropriation - State Owned Hospitals.

- a. Contingent upon the enactment of House Bill 3011 or similar legislation of the Seventy-sixth Legislature, Regular Session, and the pursuant transfers, the transfer amount in item (2) below shall be the responsibility of The University of Texas Health Science Center at Houston.
- b. The Department of Mental Health and Mental Retardation shall transfer from non-Medicaid state appropriated funds the following amounts to the Department of Health for the Disproportionate Share Hospital Reimbursement Program:

	<u>2000</u>	<u>2001</u>
(1) State Mental Hospitals	\$ 230,806,896	\$ 219,387,414
(2) Harris County Psychiatric Center	<u>\$ 22,732,242</u>	<u>\$ 21,607,534</u>
	<u>\$ 253,539,138</u>	<u>\$ 240,994,948</u>

The timing and form of such transfers shall be determined by the Comptroller of Public Accounts in consultation with the Department of Health. The Legislative Budget Board is authorized to adjust the amounts of such transfers as necessary to match available federal funds. The department shall also transfer non-Medicaid state appropriated funds as necessary for other qualifying state-funded community hospitals.

- 6. **Community Hospital Medicaid Services.** The Harris County Psychiatric Center, the El Paso Psychiatric Center, Lubbock Community Hospital, Dallas Mental Health Connections, and Galveston Community Hospital shall certify appropriated state funds to the Health and Human Services Commission or its designee for the state share of Medicaid reimbursement for the following services:
 - a. Inpatient psychiatric services for children.
 - b. Inpatient psychiatric services for age 65 and over (Institute for Mental Disease option).
- 7. **Home and Community-Based Services (HCS) Waiver Program.** The department shall ensure the cost-effectiveness of the HCS program by limiting the average annual HCS expenditure per client to 80 percent of the average annual per client ICF-MR expenditure. Expenditures for individual clients may exceed this cap as long as the overall average expenditure for HCS clients remains below 80 percent of the annual average. Furthermore, it is the intent of the Legislature that, in order to increase the number of clients served, the overall average monthly expenditure per client shall not exceed \$3,706 per month in fiscal year 2000 and \$3,511 per month in fiscal year 2001. The department and the Health and Human Services Commission shall report to the Legislative Budget Board and Governor by October 1, 2000, on the measures taken to decrease the average cost per person and to increase the number of clients served in the HCS program.
- 8. **Residential Services Funded by General Revenue.** The Department of Mental Health and Mental Retardation shall refinance, with Medicaid funding, residential services to Medicaid-eligible clients that are currently funded with general revenue. This refinancing effort shall include both public and private general revenue-funded programs. The department shall accomplish this refinancing through the use of the Home and Community-based Services (HCS) waiver program, other Medicaid waiver programs, or, if necessary, the Intermediate Care Facility for the Mentally Retarded program. The department shall submit an annual report to the Legislative Budget Board and the Governor that documents the number of persons and residential sites converted to Medicaid funding.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

9. **Employee Meals.** Notwithstanding any other provision in this Act, the Department of Mental Health and Mental Retardation may provide free meals to employees who are required to eat meals with clients.
10. **Maximum Security Salaries.** As a specific exception to the General Provisions of this Act governing salary rates of classified positions, funds are included above for the Department of Mental Health and Mental Retardation to pay employees working in designated Maximum Security Units or designated specialized Behavioral Management Units up to a two step increase over those salary rates provided by the General Provisions.
11. **Revolving Fund Services.**
 - a. **Central Services.** The Department of Mental Health and Mental Retardation may maintain and operate revolving funds on a reimbursable basis for central services that contribute to the efficiency and economy of the facilities under its control and management. All receipts deposited to such central service funds are appropriated for all costs necessary for the operation of these services. Any balances remaining in such funds at the end of a fiscal year are reappropriated for any expenses necessary to the operation of these services for the second year of the biennium. To reimburse the funds from which expenditures are made, the department may make fund transfers from the appropriations of the facilities and agencies which receive the services and supplies, or may submit purchase vouchers through the Office of the State Comptroller.
 - b. **Canteen Services.** Each of the facilities under control and management of the Department of Mental Health and Mental Retardation, except the Central Office, may establish, maintain and operate a canteen for the convenience of its patients. Any balances remaining in each canteen operation fund at the end of each fiscal year, plus all receipts deposited to its credit, are appropriated for all costs necessary for the operation of a canteen for the next fiscal year. Each of the facilities under control and management of the department that contracts with the Commission for the Blind for the operation of its canteen shall deposit the amount of monies originally appropriated for its Canteen Operation Fund into the General Revenue Fund. The balance remaining in the facility's Canteen Operation Fund, after the amount originally appropriated is deposited to the General Revenue Fund, shall be deposited to the Benefit Fund created at the facility under the provisions of Health and Safety Code V.T.C.A., § 551.004.
 - c. **Motor Pool Services.** The Department of Mental Health and Mental Retardation is hereby authorized to utilize the services of its motor pool to transfer and deliver the household goods and effects of its employees transferred from one place of employment to another within the department when such service to such employee is deemed to be in the best interest of the state, however, this service shall not be extended to any new employee.
 - d. **United States Surplus Property and Commodities Services.** It is the intent of the Legislature that the funds hereby appropriated for a central supply service are to be used to finance on a reimbursable basis, the obtaining, storing, handling and distribution of the United States surplus property and commodities to various facilities under the jurisdiction of the Department of Mental Health and Mental Retardation.
 - e. **Supply Revolving Fund.** From funds herein appropriated, the Department of Mental Health and Mental Retardation may authorize each facility under its control and management to establish, maintain, and operate on a reimbursable basis, a Supply Revolving Fund to contribute to the efficiency and economy of such facilities.

The department shall approve the amount necessary to implement the revolving funds and shall establish rules to avoid depletion of the funds. To reimburse the revolving funds,

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

facilities may transfer funds from the programs and activities for which supplies are provided.

- f. Sheltered Workshops. Any balances remaining in the sheltered workshop funds at the end of each fiscal year, together with receipts deposited to their credit are appropriated for use in the operation of sheltered workshops for the next fiscal year.
12. **Petty Cash Fund.** Each facility under the Department of Mental Health and Mental Retardation may establish a petty cash fund not to exceed \$5,000 out of funds appropriated above. These funds shall be maintained in cash or at a local bank and shall be used by case managers or community services staff only for the purpose of making emergency purchases of medication, basic life support necessities, or other services without which would place clients served by said staff at risk of being placed in a more restrictive environment.
13. **Barber and Cosmetology Services.** The Department of Mental Health and Mental Retardation may charge fees for barber and cosmetology services provided the fees charged are consistent with an individual's ability to pay. These fees are appropriated to the department to offset the cost of providing barber and cosmetology services. The department may also use patient benefit funds to offset the cost of these services for indigent clients.
14. **Children's Heart Institute.** It is the intent of the Legislature that the Texas Department of Mental Health and Mental Retardation (TXMHMR) continue to fund the Children's Heart Institute in an amount not to exceed \$150,000 for each year of the biennium for services to children with mental disabilities who also have congenital heart defects. A contract shall be developed between TXMHMR and the Children's Heart Institute to ensure that appropriate medical services will be provided and that relevant documentation on performance will be submitted to TXMHMR.
15. **Cash Flow Contingency.** Contingent upon the receipt of federal funds allocated from the Medicaid Program, the department may temporarily utilize additional general revenue funds, pending receipt of federal reimbursement, in an amount not to exceed the anticipated reimbursement, in each year of the biennium. The general revenue amounts utilized above the general revenue method of finance must be repaid upon receipt of federal reimbursement and shall be utilized only for the purpose of temporary cash flow needs. These transfers and repayments shall be credited to the fiscal year being reimbursed and shall be in accordance with procedures established by the Comptroller. All transfers of the method of finance shall be reported by the department to the Legislative Budget Board and the Governor.
16. **Reimbursement of Advisory Committee Members.** Pursuant to V.T.C.A., Government Code, Chapter 2110.004, reimbursement of expenses for advisory committee members, out of the funds appropriated above, is limited to the following advisory committees:
 - Mental Health Planning and Advisory Committee
 - Public Responsibility Committees
 - Citizen's Planning Advisory Committee
 - Medical Advisory Committee
 - Mental Retardation Planning and Advisory Committee
 - Treatment Methods Advisory Committee
 - MI/Deaf Advisory Committee
 - State Advisory Committee - Texas Children's Mental Health Plans
 - Quality Services Council
 - Quality Improvement Councils (NTE 1 per facility)
 - Ethics Committees (NTE 1 per facility)
 - Advisory Committee on Inpatient MH Services

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

None of the funds for reimbursement shall come from the direct provision of services to the clients of MHMR.

17. **Unexpended Construction Balances.** Any unexpended construction, repair, or renovation balances from previous appropriations are hereby reappropriated to the Texas Department of Mental Health and Mental Retardation for the same purposes, provided that the expenditure of such reappropriated funds shall require the approval of the Board of Mental Health and Mental Retardation and that copies of such approval should be filed with the Governor and the Legislative Budget Board.
18. **Disposition of Construction Appropriation.** Construction appropriations may be used to pay salaries and travel expenses of department engineers and architects and administrative expenses of construction projects (but shall not exceed \$350,000 in a fiscal year that are paid out of G.O. Bonds); architect's and engineer's fees; and the actual travel expenses incurred by them or their representatives in making trips of inspection at the discretion of the department during construction, renovation, or repair of buildings and systems or the installation of fixed equipment. Job titles and rates of pay for such salaried positions of department personnel paid from construction appropriations shall conform with the Position Classification Plan and Classification Salary Schedule.
19. **Unexpended Balances.** Except as otherwise provided, unexpended and unobligated balances, not to exceed \$10 million, remaining from appropriations for the first year of the biennium to the Department of Mental Health and Mental Retardation are reappropriated to the department for the purpose of complying with Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) standards and Intermediate Care Facilities for the Mentally Retarded (ICF-MR) standards dealing with residential, non-residential, and community based mental health and mental retardation services. This paragraph does not apply to those unexpended and unobligated balances remaining from appropriations for the first year of the biennium that the department is authorized by this act to retain for specific purposes in the second year of the biennium.
20. **Payment for Compensatory Time.** It is expressly provided that the Department of Mental Health and Mental Retardation, to the extent permitted by law, may pay FLSA exempt and FLSA non-exempt employees on a straight time basis for work on a holiday or for regular compensatory time hours when taking of regular compensatory time off would be disruptive to normal business functions.
21. **Copyright of Training Materials and Patent of Technologies Developed by the Department.** In addition to the amounts appropriated above, the Department of Mental Health and Mental Retardation is hereby authorized to collect the following fees: a) fees collected from the sale of written training materials, video tapes, audio tapes and in the form of electronic media, such materials having been developed in part or whole by the department; and b) licensing fees collected by the department in exchange for allowing individuals and companies to use any patented technology developed, in part or in whole, by the department. The department is authorized to license the use of any copyright-protected material, trademark, trade secrets, and any patented technology. This does not include any mineral royalties. Fees collected in the sale of training materials described above may be in excess of the actual reproduction cost incurred by the department and shall be used to recoup the costs associated with developing the training materials. Fifty percent (50%) of the fees collected in licensing of any patented technology shall be devoted to further research and development of technologies reasonably believed to be of assistance to the department's priority population. The remaining 50 percent shall be deposited to the General Revenue Fund.
22. **Fire Prevention and Safety.** In instances in which regular employees of facilities located in remote areas are assigned extra duties in fire prevention programs, the following payments are

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

authorized in addition to the salary rates stipulated by the General Provisions on this Act relating to the position classifications and assigned salary ranges:

Fire Chief	\$ 75 per month
Assistant Fire Chief	\$ 65 per month
Fire Brigade Member	\$ 50 per month

23. **Patient or Client Assistance.** Subject to the approval of rules and regulations of the governing board of the Department of Mental Health and Mental Retardation, patients or clients in any state facility who are assisting in the operation of the facility as part of their therapy, may receive compensation out of any funds available to the respective facilities.
24. **Surplus Property.** In order to conserve funds appropriated, surplus personal property may be transferred from one facility to another with or without reimbursement. The Department of Mental Health and Mental Retardation may transfer surplus personal property to community MHMR centers with or without reimbursement. Surplus personal property belonging to any facility may be sold; provided, however, that such transfers or sales shall be made under the same procedure as provided by V.T.C.A., Government Code, Chapter 2175. In making such transfers or sales, the agency may do so without the necessity of contracts, as required by V.T.C.A., Government Code, Section 771, known as the Interagency Cooperation Act.
25. **Road Construction and Maintenance at State Facilities.** Notwithstanding any other provision in law, the Texas Department of Transportation shall construct, repair, and maintain roads in and providing access to and from Texas Department of Mental Health and Mental Retardation facilities.
26. **Limitation of Specific Strategy Transfers.** The transfer of appropriations from Strategy B.1.1., State Hospital Services, to any other strategy is limited to 10 percent and the transfer of appropriations from Strategy D.1.1., State School Services, to any other strategy is limited to 5 percent without the prior approval of the Legislative Budget Board and the Governor.
27. **Workers' Compensation Payments.**
 - a. Notwithstanding other provisions in this Act, the Department of Mental Health and Mental Retardation shall have the first \$15.0 million per year in workers' compensation payments paid in full from appropriations made for Workers' Compensation Payments for the purpose of paying workers' compensation claims and liabilities. The Department of Mental Health and Mental Retardation shall transfer to the appropriation item in the Workers' Compensation Payments the amounts necessary to pay 100 percent of workers' compensation liabilities in excess of \$15.0 million each year.
 - b. Pursuant to V.T.C.A., Labor Code, Section 412.012(c) authorizing the State Office of Risk Management to allocate or apportion the appropriations made by this Act for workers' compensation payments, none of the funds appropriated by this Act to the Texas Department of Mental Health and Mental Retardation may be expended for the payment of workers' compensation benefit payments unless the total amount of benefit claims paid for the benefit of employees of the Department of Mental Health and Mental Retardation during a fiscal year exceeds \$15.0 million, in which case the amount of the excess shall be paid out of appropriations made above to the Department of Mental Health and Mental Retardation and out of no other source.
28. **Enhanced Equity.** It is the intent of the Legislature that the Department of Mental Health and Mental Retardation continue its policy of enhancing equity in community services by taking into consideration population density (particularly sparsely populated areas), poverty, and need in its allocation methodology. Allocations to local mental health and mental retardation authorities shall not be reduced for the purpose of redistribution to other authorities to enhance

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION (Continued)

equity. The department shall evaluate its allocation methodology and present a plan to the Legislature by January 1, 2001, which shows how it will change its method of distribution to an equitable method.

29. **Report on Local Authorities.** To ensure that the Legislature and Governor's office are kept informed of the process and effects of delegating to a local mental health authority or local mental retardation authority (local authority) the responsibility of planning, coordination, and oversight of mental health and/or mental retardation services in that area, the department shall submit a report in February and September of each year describing the status of the implementation of the recommendations pursuant to V.T.C.A., Health and Safety Code, Section 533.035(e)-(h).
30. **State School Funding.** It is the intent of the Legislature that the Department implement a single funding methodology for state schools which funds all state schools equitably and at a level which is adequate to maintain compliance with applicable federal standards. The methodology should be based on the number of residents in each school and the needs of those residents.
31. **Community Mental Health and Mental Retardation Centers.** If the Department determines that a community mental health and mental retardation center is unable or unwilling to fulfill its contractual obligations to provide services or to exercise adequate control over expenditures and assets, the Department may take necessary steps, including the appointment of a management team, to protect the funds appropriated under this Act and ensure the continued provision of services.
32. **Residential Providers.** It is the intent of the Legislature that individuals seeking residential services for a person with mental retardation have a choice of available providers. To ensure choice, the agency shall inform individuals seeking residential services of all the service options available, including large and small congregate living arrangements and waiver services.
33. **Language Interpreter Services.** In order to compensate employees for assuming the duty of providing interpretation services to consumers whose primary language is not English, facilities of the Texas Department of Mental Health and Mental Retardation, upon written authorization of the Commissioner or his designee, may, from funds appropriated above, increase the salary of classified employees by an amount equal to a one step increase, or 3.4 percent, so long as the resulting salary rate does not exceed the rate designated as the maximum rate for the applicable salary group. This increase shall be granted only for the regular provision of interpreter services above and beyond the regular duties of the position, and shall be removed when these services are, for whatever reason, no longer provided by the employee or when they are no longer needed by the facility. Salary increases provided for this purpose are not merit increases and shall not affect an employee's eligibility to receive a merit increase.
34. **Performance Contracts.** Funds in Strategy A.1.4., Community Hospitals, shall be allocated through performance contracts with local mental health authorities.
35. **Intensive Community-Based Services Options.** Out of the funds appropriated above, the Texas Department of Mental Health and Mental Retardation is authorized to evaluate a pilot which demonstrates the effectiveness of intensive community-based services options for children and families in decreasing the use of and/or length of stay in residential treatment. The pilot will examine the costs, efficacy and benefits to children and families, and will be evaluated in collaboration with the Health and Human Services Commission and the Department of Protective and Regulatory Services.

The Texas Department of Mental Health and Mental Retardation shall complete a report on the findings of the pilot study with recommendations for future development, estimated costs, and

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

recommended statutory changes necessary to more effectively serve families with intensive needs. The report shall be submitted to the Governor and the Legislature by January 1, 2000.

36. **State-Owned Housing Authorized.** The Superintendent, Medical Director, Assistant Superintendent for Programs, and Director of Plant Maintenance at each facility are authorized to live in state-owned housing at a rate determined by the department. Other department employees may live in state-owned housing as set forth in Article IX, Section 10.18, State Owned Housing - Recover Housing Costs, of this Act. Fees for employee housing are hereby reappropriated to be used for maintaining employee housing.

37. **Medicaid and Other Reporting Requirements.**

- a. None of the funds appropriated by this Act to the Texas Department of Mental Health and Mental Retardation may be expended or distributed by the department unless:

- (1) the department submits to the Legislative Budget Board and the Governor a copy of each report submitted to the federal government relating to the Medicaid program. This shall include, but is not limited to:

- i. expenditure data;
- ii. caseload data;
- iii. interest earnings;
- iv. State plan amendments; and
- v. State plan waivers.

Such reports shall be submitted to the Legislative Budget Board and the Governor no later than the date the respective report is submitted to the federal government, and

- (2) the department submits to the Legislative Budget Board and the Governor at the end of each month: i.) a report detailing the Medicaid and Medicare caseload figures and related expenditure amounts for the preceding month; and ii.) a report projecting the anticipated Medicaid and Medicare caseloads for the 36 months period beginning with the first month after the report is due.
- b. Each report submitted to the Legislative Budget Board and the Governor pursuant to this provision must be accompanied by supporting documentation detailing the sources and methodologies utilized to develop any caseload or cost projections contained in each respective report and any other supporting materials as specified by the Legislative Budget Board and the Governor.
- c. Each report submitted pursuant to this provision must contain a certification by the person submitting the report, that the information provided is true and correct based upon information and belief together with supporting documentation.
- d. The Comptroller of Public Accounts shall not allow the expenditure of funds appropriated by this Act to the Texas Department of Mental Health and Mental Retardation if the Legislative Budget Board and the Governor certify to the Comptroller of Public Accounts that the Department of Mental Health and Mental Retardation is not in compliance with this provision.

38. **Medicaid and Medicare Collections.** The Department of Mental Health and Mental Retardation shall maximize reimbursement of Medicare and Medicaid federal funds for all eligible individuals and for all expenditures at the state hospitals, state schools, and state centers.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

39. **Sunset Contingency.** Funds appropriated above for fiscal year 2001 for the Department of Mental Health and Mental Retardation are made contingent on the continuation of the Department of Mental Health and Mental Retardation by the Legislature. In the event that the agency is not continued, the funds appropriated for fiscal year 2000 or as much thereof as may be necessary are to be used to provide for the phase out of agency operations.
40. **State School Funding and Staffing Levels.** It is the intent of the legislature that funding for state schools shall be based on the number of residents in each state school at the beginning of the fiscal year and the needs of those residents. Staffing patterns at state schools shall not reflect a census decline until a campus has realized a decline in census.
41. **Placement Options.** An individual with mental retardation or an individual's legally authorized representative seeking residential services shall receive a clear explanation of programs and services for which the individual is determined to be eligible, including state schools, community ICFs-MR, 1915(c) waiver services or other services. The programs and services that are explained shall be documented in the individual's record and acknowledged in writing by the individual or the individual's legally authorized representative. If the chosen programs or services are not available, the individual or the individual's legally authorized representative shall be given assistance in gaining access to alternative services and the selected waiting lists.
42. **Gulf Coast Regional Community Psychiatric Hospital.** Out of funds appropriated above in Strategy A.1.4., Community Hospitals, the Department of Mental Health and Mental Retardation shall allocate an additional \$824,900 each year of the biennium to the community hospital in Galveston for the purpose of bringing the allocation for that facility to the statewide average community hospital allocation.
43. **Use of Timber Receipts for Capital Projects.** The Department of Mental Health and Mental Retardation is hereby authorized to sell timber located on department land. Revenues generated from the sale of timber, estimated at \$200,000 for the biennium, shall be deposited into the Texas Capital Trust Fund Account 543. Out of funds appropriated above in Strategy E.1.1., Capital Construction, an amount of \$100,000 in each year of the biennium is contingent upon the department generating revenue from the sale of timber during the 2000-01 biennium.
44. **Appropriation Transfer Between Fiscal Years.** In addition to the transfer authority provided elsewhere in this Act, the Department of Mental Health and Mental Retardation may transfer appropriations made for the fiscal year ending August 31, 2001, to the fiscal year ending August 31, 2000, subject to the following conditions provided by this section:
- a. Transfers under this section may be made only:
 - (1) if appropriated receipts required to fund appropriations contained in this Act for fiscal year 2000 are less than those contained in the method of finance for the department for fiscal year 2000;
 - (2) for any emergency expenditure requirements, including expenditures necessitated to ensure the continuation of Medicaid client services to maintain fiscal year 1999 Medicaid caseloads.
 - b. Transfers may not exceed \$15,000,000 in general revenue.
 - c. A transfer authorized by this section must receive the prior approval of the Legislative Budget Board and the Governor.
 - d. The Comptroller of Public Accounts shall cooperate as necessary to assist the completion of a transfer and spending made under this section.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
(Continued)

45. **Employee Benefits Costs - Transition of Services to Local Control.** For the purpose of transitioning state-operated community services (SOCS) to local control, the Comptroller of Public Accounts is hereby authorized to transfer funds appropriated elsewhere in this Article for Retirement and Group Insurance, and Social Security and Benefit Replacement Pay to the Department of Mental Health and Mental Retardation. This transfer shall be made quarterly upon written notification from the department to the Comptroller, the Legislative Budget Board, and the Governor of the salary and number of full-time equivalents which have transitioned to local control for the previous quarter. The actual amount of employee benefits to be transferred to the department, estimated at \$6,070,655 for fiscal year 2000 and \$11,316,843 for fiscal year 2001, shall be determined by the Comptroller and the Employees Retirement System.
46. **New Generation Medications.** Funds in Strategy A.1.3., Treatment, expended on New Generation medications shall be spent in accordance with the practice guidelines developed through the Texas Medication Algorithm Project (TMAP) or a TDMHMR-approved variation or substitute of TMAP guidelines.
47. **Mental Health Deputy Program Incentive.** Out of the funds appropriated above to the Texas Department of Mental Health and Mental Retardation in this Act, \$150,000 in fiscal year 2000 and \$150,000 in fiscal year 2001 shall be directed to funding a one-time grant program to certain counties. The funds shall be expended to reimburse initial start-up costs, officer training costs, and related expenses as an incentive for establishing mental health deputy programs in counties having jurisdictions exceeding 50 miles from the public facility designated by the department to receive patients under mental health commitments and emergency detention.
48. **Contingent Appropriation: Office For Prevention Of Developmental Disabilities.** Contingent on the enactment and becoming law of House Bill 1151, Senate Bill 353, or similar legislation of the Seventy-sixth Legislature, Regular Session, that makes the Office for the Prevention of Developmental Disabilities administratively attached to the Department of Mental Health and Mental Retardation and requires the Department of Mental Health and Mental Retardation to provide support for the Office for the Prevention of Developmental Disabilities, the department shall expend, from funds otherwise appropriated to the department by this Act, an amount not to exceed \$120,000 each fiscal year for salaries, benefits, travel expenses, and other support of the office.
49. **Harris County Psychiatric Center.** Contingent on the passage of House Bill 3011 or similar legislation of the Seventy-sixth Legislature, Regular Session, the Department of Mental Health and Mental Retardation shall transfer \$19,641,851 in fiscal year 2000 and \$19,641,851 in fiscal year 2001 from Strategy A.1.4., Community Hospitals, to the University of Texas Health Science Center at Houston for the support of Harris County Psychiatric Center.

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES

	For the Years Ending	
	August 31, 2000	August 31, 2001
A. Goal: PROTECTIVE SERVICES		
In collaboration with other public and private entities, protect children, elder adults, and persons with disabilities, from abuse, neglect and/or exploitation by providing an integrated service delivery system that results in quality outcomes, and reduce the incidence of abuse, neglect, and exploitation by maximizing resources for early intervention, prevention, and aftercare.		
Outcome (Results/Impact):		
Incidence of Child Abuse/Neglect Confirmed by CPS per 1,000 Children under the Age of 18	8	8
Percent of Children in PRS Conservatorship for Whom Legal Resolution Was Achieved within 12 Months	53%	53%
Percent of Adoptions Consummated within 18 Months of Termination of Parental Rights	75%	75%
Percent of STAR Youth With Positive Outcomes 90 Days After Termination	76%	76%
Percent of CYD Youth With Positive Outcomes	95%	95%
Percent Change in Number of Youth Residing in CYD Zip Code Who Were Committed to the Texas Youth Commission	-5%	-5%
Percent of CYD Youth With Improved TAAS Scores	20%	20%
Average Number of Absences Per School Year for CYD Youth	5	5
Average Number of Disciplinary Referrals Per School Year for CYD Youth	1	1
Incidence of Abuse/Neglect/Exploitation per 1,000 Elderly Persons and Persons With Disabilities	8.2	8.2
Percent of Validated Occurrences Where Children are Placed at Serious Risk	26%	26%
A.1.1. Strategy: CPS STATEWIDE INTAKE	\$ 6,086,304	\$ 6,085,580
Provide a comprehensive and consistent system with automation support for receiving reports of children suspected to be at risk of abuse/neglect and assign for investigation those reports that meet the Texas Family Code definition of child abuse/neglect.		
Output (Volume):		
Number of CPS Reports of Child Abuse/Neglect	135,218	143,655
A.1.2. Strategy: CHILD AND FAMILY SERVICES	\$ 176,545,950	\$ 175,464,640
Provide a comprehensive and consistent system for the direct delivery of investigations, regular family preservation and family reunification services, out-of-home care, and permanency planning for children who are at risk of abuse/neglect and their families.		
Output (Volume):		
Number of Completed CPS Investigations	104,790	105,206
Number of Confirmed CPS Cases of Child Abuse/Neglect	29,341	29,458
Average Number of Open CPS Investigations per Month	25,200	25,200
Number of Children in PRS Conservatorship Who Are Adopted	1,932	2,118
Efficiencies:		
Average Monthly Cost per Open CPS Investigation	137	132
Average Weighted CPS Caseload per Worker	21.1	21.3

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES
(Continued)

A.1.3. Strategy: CPS PURCHASED SERVICES	\$	49,252,782	\$	49,414,589
Provide purchased services to treat children who have been abused or neglected, to enhance the safety and well-being of children at risk of abuse and neglect, and to enable families to provide safe and nurturing home environments for their children.				
Output (Volume):				
Average Number of Children Living at Home Receiving Purchased Services per Month		4,262		4,298
Number of Days of Child Day Care Paid per Month		82,215		82,398
Efficiencies:				
Average Cost per Child for Purchased Services		389		387
A.1.4. Strategy: INTENSIFIED FAMILY PRESERVATION	\$	14,491,311	\$	14,491,311
Provide intensified family preservation services to prevent unnecessary removal from their homes of children at risk of abuse and neglect, and intensified family reunification services to enable the early and safe return of children to their homes.				
Output (Volume):				
Average Number of Families Receiving Intensified Family Preservation Services per Month		1,504		1,617
Efficiencies:				
Average Cost per Family Receiving Intensified Family Preservation/ Reunification Services		518		482
A.1.5. Strategy: FOSTER CARE/ADOPTION PAYMENTS	\$	269,511,067	\$	280,407,903
Provide funding for foster care services and adoption subsidies for children who need them.				
Output (Volume):				
Average Number of Days per Month of Foster Care for All Levels of Care		374,323		383,929
Average Number of Children (FTE) Served in Paid Foster Care per Month		11,897		12,242
Average Number of Children Provided Adoption Subsidy per Month		9,846		10,918
Efficiencies:				
Average Expenditures for Foster Care per Month for All Levels of Care		17,880,866		18,296,586
Average Monthly Payment per Child (FTE) in Paid Foster Care		1,502.97		1,494.57
Average Monthly Payment per Adoption Subsidy		429.33		431.51
A.1.6. Strategy: AT-RISK PREVENTION SERVICES	\$	46,396,497	\$	46,511,668
Provide funding and support for community-based prevention programs to alleviate the conditions that lead to child abuse/neglect and juvenile crime.				
Output (Volume):				
Average Number of STAR Youth Served per Month		5,959		5,959
Average Number of CYD Youth Served per Month		4,709		5,374
A.1.7. Strategy: HOPE CENTER	\$	1,823,881	\$	1,823,881
Provide alternate treatment for youth through contract with Hope Center.				
Output (Volume):				
Number of Children Served by Hope Center Monthly		72		72

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES
(Continued)

A.2.1. Strategy: ADULT PROTECTIVE SERVICES Provide a comprehensive and consistent system for the investigation of reports of abuse, neglect, and exploitation of vulnerable adults and provide services to alleviate and prevent the recurrence of cases of maltreatment.	\$	27,314,610	\$	27,456,270
Output (Volume):				
Number of Completed APS Investigations		56,033		58,478
Number of Confirmed APS Cases		40,051		41,799
Number of APS Clients Receiving Guardianship Services		632		698
Efficiencies:				
Average Monthly Cost per APS Investigation		171		163
A.2.2. Strategy: MHMR INVESTIGATIONS Provide a comprehensive and consistent system for the investigation of reports of abuse, neglect, and exploitation of persons receiving services through MHMR facilities and community MHMR centers.	\$	4,649,258	\$	4,649,258
Output (Volume):				
Number of Completed Investigations: MHMR Facilities		7,748		8,235
Efficiencies:				
Average Monthly Cost per MHMR Investigation		351		331
A.3.1. Strategy: CHILD CARE REGULATION Provide a comprehensive system of consultation, licensure, and regulation which ensures the maintenance of minimum standards by day care facilities, residential child care facilities, registered family homes, child-placing agencies, and residential child care facility administrators.	\$	21,416,709	\$	19,431,487
Output (Volume):				
Number of Inspections		40,025		40,025
Efficiencies:				
Average Cost per Inspection		204		199
A.4.1. Strategy: MAINTAIN AUTOMATED SYSTEM Maintain the Child and Adult Protective System (CAPS) to support investigations and the delivery of protective services.	\$	13,082,601	\$	11,320,836
Output (Volume):				
Number of Automated Workstations Connected to the CAPS Network		7,412		7,415
Total, Goal A: PROTECTIVE SERVICES	\$	630,570,970	\$	637,057,423
B. Goal: INDIRECT ADMINISTRATION				
B.1.1. Strategy: CENTRAL ADMINISTRATION	\$	9,680,343	\$	9,527,428
B.1.2. Strategy: INFORMATION RESOURCES	\$	6,638,183	\$	6,414,784
B.1.3. Strategy: OTHER SUPPORT SERVICES	\$	1,052,365	\$	1,052,365
B.1.4. Strategy: REGIONAL ADMINISTRATION	\$	5,517,120	\$	5,516,875
Total, Goal B: INDIRECT ADMINISTRATION	\$	22,888,011	\$	22,511,452
Grand Total, DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES	\$	653,458,981	\$	659,568,875

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES
(Continued)

Method of Financing:

<u>General Revenue Fund</u>		
General Revenue Fund	\$ 47,836,519	\$ 48,366,837
General Revenue Match for Medicaid	25,816,525	25,333,582
GR MOE for Temporary Assistance for Needy Families	75,478,114	76,437,087
General Revenue Match for Title IV-E Foster Care/ Adoption Payments	63,165,312	66,806,114
Earned Federal Funds, estimated	<u>4,821,459</u>	<u>4,821,459</u>
Subtotal, General Revenue Fund	<u>\$ 217,117,929</u>	<u>\$ 221,765,079</u>
General Revenue Fund - Dedicated - Compensation to Victims of Crime Account No. 469	1,374,758	1,374,758
Federal Funds	429,575,507	431,171,567
<u>Other Funds</u>		
Appropriated Receipts	3,435,487	3,452,171
Interagency Contracts	<u>1,955,300</u>	<u>1,805,300</u>
Subtotal, Other Funds	<u>\$ 5,390,787</u>	<u>\$ 5,257,471</u>
Total, Method of Financing	<u>\$ 653,458,981</u>	<u>\$ 659,568,875</u>
Number of Full-time Equivalent Positions (FTE)	6,680.0	6,683.0
Schedule of Exempt Positions		
Executive Director, Group 4	\$115,000	\$115,000

1. **Capital Budget.** None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in this provision as appropriations either for “Lease Payments to the Master Lease Purchase Program” or for items with an “(MLPP)” notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of V.T.C.S., Art. 601d, Sec. 9A.

	<u>2000</u>	<u>2001</u>
a. Acquisition of Information Resource Technologies		
(1) Lease Payments to the Master Lease Purchase Program (1998-99)	\$ 1,455,323	\$ 1,390,556
(2) Application Server Upgrade and Expansion	520,000	0
(3) Child and Adult Protective System (CAPS) Network Upgrades and Replacement	251,000	253,000
(4) Automate Child Care Licensing	1,280,500	0
(5) Improve Child and Adult Protective System (CAPS)	226,822	0

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES
(Continued)

(6) Telecommunication Upgrade and Acquisition	\$ 213,870	\$ 0
Total, Acquisition of Information Resource Technologies	\$ 3,947,515	\$ 1,643,556
b. Repair or Rehabilitation of Buildings and Facilities	\$ 50,000	\$ 50,000
Total, Capital Budget	\$ 3,997,515	\$ 1,693,556

Method of Financing (Capital Budget):

General Revenue Fund		
General Revenue Fund	\$ 2,308,086	\$ 1,693,556
General Revenue Match for Medicaid	58,911	0
Subtotal, General Revenue Fund	\$ 2,366,997	\$ 1,693,556
Federal Funds	1,630,518	0
Total, Method of Financing	\$ 3,997,515	\$ 1,693,556

2. **Substitute Care Permanency Goal.** In order to comply with P.L. 96-272, it is the intent of the Legislature that the Department of Protective and Regulatory Services actively seek permanent homes for the children who are in the department's substitute care program for long periods. To this end, the department shall seek to limit the number of children under the department's responsibility who are in substitute care for a period longer than 24 months. The department shall strive to assure that no more than forty-five percent (45%) of the children in paid placements are in substitute care for more than 24 months for fiscal years 2000 and 2001.
- Further, it is the intent of the Legislature that whenever possible, the department shall utilize state and/or federal funds currently being expended for substitute care to cover the cost of assuring permanent homes where appropriate for foster children.
3. **Limitation on Expenditures for Conservatorship Suits.** To the extent allowed by federal regulation, federal funds may be used by the department in conjunction with funds provided by counties with which the department has child welfare contracts, to pay for legal representation for children or their parents in suits in which the department is seeking to be named conservator. No general revenue funds appropriated to the department may be used to make such payments.
4. **Reappropriation of Funds.** All funds received by the department from counties, cities, and other local sources and all balances from such sources as of August 31, 1999, are hereby appropriated for the biennium ending August 31, 2001, for the purpose of carrying out the provisions of this Act. (Estimated to be \$0).
5. **Accounting of Support Costs.** The State Comptroller shall establish separate accounts from which certain support costs shall be paid. The Department of Protective and Regulatory Services is hereby authorized to make transfers into separate accounts from line item strategies in order to pay for these expenses in an efficient and effective manner. Only costs not directly attributable to a single program may be budgeted in or paid from these accounts. Items to be budgeted in and paid from these accounts include but are not limited to: postage, occupancy costs, equipment repair, telephones, office printing costs, supplies, freight and transport costs, telephone system costs, and salary and travel costs of staff whose function supports several

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES
(Continued)

programs. The department shall be responsible for monthly allocations of these costs to the original strategies.

6. **Tertiary Prevention of Child Abuse Programs.** From the amounts appropriated above, the Department of Protective and Regulatory Services shall allocate \$120,000 each fiscal year of the biennium for continuation of a statewide network of community-based, volunteer-driven programs for prevention, intervention, and aftercare services of abused children.
7. **Foster Care Rates.** It is the intent of the Legislature that the Department of Protective and Regulatory Services not reduce foster care rates during the 2000–01 biennium. The department may transfer funds into Strategy A.1.5., Foster Care/Adoption Payments, for the purpose of maintaining foster care rates. The department may not transfer funds out of Strategy A.1.5., Foster Care/Adoption Payments.

The department may also use funds in Strategy A.1.5., Foster Care/Adoption Payments, to recommend alternate service provision intake and investigation that will consider expansion of contract services, regional planning, service outcomes, and appropriate funding mechanisms to be tested in pilot projects. Such pilot approaches to innovative service delivery shall be designed in conjunction with providers, approved by the Health and Human Services Commission, and funded at no increased cost to the State. The department may include a modification of rates for existing and new pilot approaches implemented in this manner.

8. **Fund Transfers for Funds Consolidation.** For the purpose of funds consolidation, federal and other funds may be transferred into the General Revenue Fund from Department of Protective and Regulatory Services Fund 37. The initial deposit of federal funds shall be made into Fund 37 and no direct expenditures shall be made from this fund.
9. **Reimbursement of Advisory Committees.** Pursuant to V.T.C.A. Government Code, Section 2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above, is limited to the following advisory committees: Texas Multidisciplinary Task Force on Children's Justice, Child Abuse Prevention and Evaluation Committee, State Advisory Committee on Child Care Administrators and Facilities, and Advisory Committee to Promote Adoption of Minority Children.
10. **Earned Federal Funds.**
 - a. The Department of Protective and Regulatory Services shall submit a quarterly report to the Legislative Budget Board and the Governor which details revenues, expenditures, and balances for earned federal funds as of the last day of the prior quarter. The report shall be prepared in a format approved by the Legislative Budget Board.
 - b. The authority to receive and expend earned federal funds in excess of those appropriated above is subject to the following limitations:
 - (1) At least 14 days prior to any expenditure of earned federal funds in excess of those appropriated, the department shall report the earned federal funds received and provide documentation of the proposed use of these funds to the Legislative Budget Board, Governor's Office of Budget and Planning, and Health and Human Services Commission. At least 14 days prior to any meeting of the Board of Protective and Regulatory Services to consider a budget adjustment of any use of earned federal funds above levels indicated in the appropriation above or to consider any program expansion, the department shall report the earned federal funds received and provide documentation of the proposed use of these funds to the Legislative Budget Board, Governor's Office of Budget and Planning, and Health and Human Services Commission.

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES
(Continued)

- (2) Notifications shall include information regarding the need which will be served with the additional revenue. In the event program expansions are under consideration, information shall be forwarded regarding the population to be served; criteria for eligibility; and impact upon existing programs.
 - (3) The report shall include the information detailed in "b" and identify the impact on established performance targets, measures, and full-time equivalent positions.
 - c. The method of financing item, Earned Federal Funds, for appropriations made above includes unexpended and unobligated balances of earned federal funds remaining as of August 31, 1999 and receipts earned in fiscal years 2000 and 2001.
- 11. **Sunset Contingency.** Funds appropriated above for fiscal year 2001 for the Department of Protective and Regulatory Services are made contingent on the continuation of the Department of Protective and Regulatory Services by the Legislature. In the event the agency is not continued, the funds appropriated for fiscal year 2000 or as much thereof as may be necessary are to be used to provide for the phase out of agency operations.
- 12. **Contract Quality Assurance.** The department is hereby authorized to expend an amount not to exceed \$500,000 in each year of the biennium from funds appropriated above in A.1.3., CPS Purchased Services, and A.1.5., Foster Care/Adoption Payments, for the purpose of verifying, monitoring, and enforcing compliance with federal, state, and agency contract performance requirements.
- 13. **Intensive Services to Parents.** The agency shall contract with existing organizations and established pilot projects to provide comprehensive and intensive early intervention and in-home parenting education. The outcomes should include but are not limited to preventing developmental delay, child abuse and neglect, school failure and other negative consequences for children.
- 14. **At-Risk Prevention Services.**
 - a. Out of funds appropriated above in Strategy A.1.6., At-Risk Prevention Services, in each year of the biennium the department shall allocate not less than \$10,182,071 for the STAR Program; and not less than \$6,195,451 for Community Youth Development Grants.
 - b. Out of the funds appropriated above in Strategy A.1.6., At-Risk Prevention Services, the department may establish pilot projects utilizing community-based non-profit organizations which meet the following criteria:
 - (1) The recipient organization must:
 - i. serve at-risk youth,
 - ii. match any state dollars received,
 - iii. offer daily access to its programs,
 - iv. maintain trained staff, and
 - v. maintain a dedicated facility.
 - (2) The department shall report to the Legislative Budget Board and the Governor on the outcome of the pilot projects.
- 15. **Medicaid and Other Reporting Requirements.**
 - a. None of the funds appropriated by this Act to the Department of Protective and Regulatory Services may be expended or distributed by the department unless:

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES
(Continued)

- (1) the department submits to the Legislative Budget Board and the Governor a copy of each report submitted to the federal government relating to the Medicaid program, the Foster Care and Adoption Assistance program and the Child Welfare Services program. This shall include, but is not limited to:
- i. expenditure data;
 - ii. caseload data;
 - iii. cost allocation revisions;
 - iv. State plan amendments; and
 - v. State plan waivers, including, but not limited to applications for new waivers and changes to existing waiver services, costs or authorized number of clients.

Such reports shall be submitted to the Legislative Budget Board and the Governor no later than the date the respective report is submitted to the federal government, and

- (2) the department submits to the Legislative Budget Board and the Governor at the end of each month:
- i. a report detailing the foster care and adoption assistance caseload figures and related expenditure amounts, by level of care, for the preceding month; and
 - ii. a report projecting the anticipated foster care and adoption assistance caseloads for the 36 month period beginning with the first month after the report is due.
- b. Each report submitted to the Legislative Budget Board and the Governor pursuant to this provision must be accompanied by supporting documentation detailing the sources and methodologies utilized to develop any caseload or cost projections contained in each respective report and any other supporting materials as specified by the Legislative Budget Board and the Governor.
- c. Each report submitted pursuant to this provision must contain a certification by the person submitting the report, that the information provided is true and correct based upon information and belief together with supporting documentation.
- d. The Comptroller of Public Accounts shall not allow the expenditure of funds appropriated by this Act to the Department of Protective and Regulatory Services if the Legislative Budget Board and the Governor certifies to the Comptroller of Public Accounts that the Department of Protective and Regulatory Services is not in compliance with this provision.
16. **Caseworker and Other Reporting Requirements.** None of the funds appropriated by this Act to the Department of Protective and Regulatory Services may be expended or distributed by the department unless the department submits to the Legislative Budget Board and the Governor at the end of each quarter a report detailing the number of caseworkers and casework supervisors assigned to the Child Protective Services program, the Adult Protective Services program, and the Child Care Regulation program. The format and content of the report shall be prescribed by the Legislative Budget Board.
17. **Appropriation Transfer Between Fiscal Years.** In addition to the transfer authority provided elsewhere in this Act, the Department of Protective and Regulatory Services may transfer appropriations made above for Strategy A.1.5 (Foster Care/Adoption Payments) for fiscal year 2001 to fiscal year 2000, subject to the following conditions provided by this section:
- a. Transfers under this section may be made only if costs associated with providing foster care and adoption assistance payments exceed the funds appropriated for these payments for fiscal year 2000;
 - b. Transfers may not exceed \$10,000,000 in general revenue;

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES
(Continued)

- c. A transfer authorized by this section must receive the prior approval of the Legislative Budget Board and the Governor; and
 - d. The Comptroller of Public Accounts shall cooperate as necessary to assist the completion of a transfer and spending made under this section.
18. **Community Youth Development Program.** Out of funds appropriated above in Strategy A.1.6., At-Risk Prevention Services, \$500,000 in 2000 and \$500,000 in 2001 shall be allocated to the Community Youth Development Program for the purpose of increasing the total number of Community Youth Development sites by two from 13 to 15.
19. **Independent Living Program.** The Department of Protective and Regulatory Services is hereby authorized to use up to \$375,000 for fiscal year 2000 and \$375,000 for fiscal year 2001 from General Revenue Funds appropriated above to match Title IVE Federal Funds designated for the Texas Independent Living Program.
20. **Contingency Appropriation for Senate Bill 1574.** Contingent upon the enactment of Senate Bill 1574, or similar legislation transferring responsibility for the Parents As Teachers program and the Dan Kubiak Buffalo Soldiers program to the Department of Protective and Regulatory Services, by the Seventy-sixth Legislature, Regular Session, the appropriations for Strategy A.1.6., At-Risk Prevention Services, are hereby increased by the following amounts:
- a. \$375,000 in General Revenue funds transferred from the Texas Department of Mental Health and Mental Retardation in each fiscal year of the biennium for the Parents as Teachers program; and
 - b. \$250,000 in General Revenue funds transferred from the Texas Juvenile Probation Commission in each fiscal year of the biennium for the Dan Kubiak Buffalo Soldiers program.
- The Department of Protective and Regulatory Services is hereby authorized to transfer the appropriation made pursuant to this provision to the appropriate strategy item listed above.
21. **Foster Care Rate Increase.** Out of the amounts appropriated above, the Department of Protective and Regulatory Services is appropriated \$6,569,197 in general revenue and \$22,710,803 in federal funds for the biennium for reimbursement increases for foster care providers. It is the intent of the Legislature that the Department of Protective and Regulatory Services, with input from providers, clients, advocates, and key stakeholders, review the foster care rate methodology and revise as necessary to provide appropriate levels of service.
22. **Hope Center.** The Department of Protective and Regulatory Services shall establish additional reporting requirements and performance measures for Hope Center to facilitate comparison with like entities. It is the intent of the legislature that the Hope Center compete with like entities in providing the services to children funded in Strategy A.1.7., Hope Center, beginning September 1, 2001.
23. **Travel for Child Abuse Investigations.** The limitation on travel expenditures in Article IX of this Act does not apply to the Department of Protective and Regulatory Services in instances of travel expenditures directly associated with child abuse and neglect investigations. The Department of Protective and Regulatory Services shall annually notify the Comptroller, the Legislative Budget Board, and the Governor of travel expenditures exempted under this section.
24. **Contingency Appropriation: House Bill 3778.** Contingent upon passage of House Bill 3778 or similar legislation, out of funds appropriated above, the Department of Protective and Regulatory Services may employ at least one child protective services safety coordinator in

DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES
(Continued)

each administrative region. The child protective services safety coordinator shall focus solely on child safety issues and the region's effectiveness in providing safety to children.

REHABILITATION COMMISSION

	For the Years Ending	
	August 31, 2000	August 31, 2001
A. Goal: SERVICE DELIVERY SYSTEM		
To provide an integrated system of service delivery options which promotes informed client choice in the delivery of services leading to employment of choice, living as independently as possible, and accessing high quality services.		
Outcome (Results/Impact):		
Percent of Employed Rehabilitants Earning at Least Minimum Wage	93%	93%
A.1.1. Strategy: REHABILITATION SERVICES	\$ 156,826,932	\$ 157,908,653
Rehabilitate and place people with disabilities in competitive employment or other appropriate settings, consistent with informed consumer choice and abilities.		
Output (Volume):		
Number of Eligible Clients Provided Vocational Rehabilitation Services	112,747	113,484
Number of Eligible Clients Rehabilitated and Employed	25,127	25,285
Number of Individuals Whose TRC-supported Training and Education Extended Past Two Years	2,363	2,363
Efficiencies:		
Cost per Client Rehabilitated and Employed	6,241	6,245
Average Length of TRC-supported Training and Education Courses Before Employment (Months)	16	16
Average Cost per Individual in a TRC-supported Training and Education Course	867	867
A.2.1. Strategy: EXTENDED REHABILITATION	\$ 3,943,717	\$ 3,943,717
Provide Extended Rehabilitation Services (ERS) which emphasize community integrated employment and strive to expand employment opportunities for Texans with disabilities who need ongoing support to obtain and maintain employment offering competitive wages and benefits consistent with consumer choice.		
Output (Volume):		
Number of Extended Rehabilitation Services Clients Working in Community Integrated Employment	963	963
Number of Extended Rehabilitation Services Clients Working in Alternative Sheltered Employment	385	385
Efficiencies:		
Average Cost per Client	2,894	2,894
A.2.2. Strategy: PERSONAL ATTENDANT	\$ 1,485,000	\$ 1,485,000
Provide consumer-driven Personal Attendant Services to support people with disabilities in competitive employment statewide.		

REHABILITATION COMMISSION
(Continued)

Output (Volume):		
Number of People Who Received Personal Attendant Services Through Rehabilitation Commission	142	142
Efficiencies:		
Cost per Person Receiving Personal Attendant Services	10,439	10,439
A.3.1. Strategy: INDEPENDENT LIVING CENTERS Work with Independent Living Centers and the State Independent Living Council (SILC) to establish the centers as financially and programmatically independent from TRC and financially and programmatically accountable for achieving independent living outcomes with their clients.	\$ 1,440,283	\$ 1,440,283
Output (Volume):		
Number of People Receiving Services From TRC Supported Independent Living Centers	3,822	3,822
A.3.2. Strategy: INDEPENDENT LIVING SERVICES Provide consumer-driven and TRC counselor-supported Independent Living Services to people with severe disabilities statewide.	\$ 3,050,374	\$ 3,050,374
Output (Volume):		
Number of People Receiving TRC Supported Independent Living Services	2,091	2,091
A.3.3. Strategy: COMPREHENSIVE REHABILITATION Provide consumer-driven and counselor-supported Comprehensive Rehabilitation Services for people with traumatic brain injuries or spinal cord injuries.	\$ 9,894,713	\$ 9,894,713
Output (Volume):		
People Receiving Comprehensive Rehabilitation Services	512	512
Efficiencies:		
Cost per CRS Client	20,028	20,028
A.3.4. Strategy: DEAF-BLIND SERVICES Provide an array of consumer-driven services for people who are deaf-blind with multiple disabilities so they can live as independently as possible, and expand parent/family training efforts.	\$ 4,239,716	\$ 4,803,356
Output (Volume):		
Number of Persons Receiving Individualized Residential Services	115	130
Efficiencies:		
Cost per Deaf-Blind Multiple Disabilities Client Served	36,771	36,771
A.4.1. Strategy: TRANSITIONAL PLANNING Provide a Transition Planning Program for students with disabilities.	\$ 414,905	\$ 414,905
Output (Volume):		
Number of Students Referred by School Districts to TRC Programs	3,937	3,937
Total, Goal A: SERVICE DELIVERY SYSTEM	\$ 181,295,640	\$ 182,941,001

B. Goal: DISABILITY DETERMINATION
Enhance service to persons with disabilities by achieving accuracy and timeliness within the Social Security Administration disability program guidelines and improving

REHABILITATION COMMISSION
(Continued)

Number of Full-time Equivalent Positions (FTE)	2,603.5	2,603.5
Schedule of Exempt Positions and Per Diem of Commission Members		
Commissioner, Group 4	\$95,000	\$95,000
Per Diem of Commission Members	4,960	4,960

1. **Capital Budget.** None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended for the purposes shown and are not available for expenditures for other purposes. Amount appropriated above have been identified in this provision as appropriations either for “Lease payments to Master Lease Purchase Program” or for items with an “(MLPP)” notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of V.T.C.S., Article 601d, Sec. 9A.

	<u>2000</u>	<u>2001</u>
Out of Federal Funds:		
a. Acquisition of Information Resource Technologies		
(1) Automation Improvements for Disability Determination Services (DDS)	\$ 3,950,000	\$ 3,895,000
(2) Current mainframe and existing operations	2,067,989	6,159
(3) Computer equipment for new field staff	5,597,000	4,863,249
(4) MLPP Payments for Prior Acquisitions	<u>\$ 307,760</u>	<u>\$ 153,341</u>
 Total, Acquisition of Information Resource Technologies	 <u>\$ 11,922,749</u>	 <u>\$ 8,917,749</u>
b. Transportation Items		
(1) Transportation vehicles and associated costs	<u>\$ 17,500</u>	<u>\$ 60,000</u>
 Total, Capital Budget	 <u><u>\$ 11,940,249</u></u>	 <u><u>\$ 8,977,749</u></u>

2. **Texas Traumatic Brain Injury Advisory Board.** Out of funds appropriated above in C.1.1., Promote Independence, \$20,000 in each year of the biennium is allocated to fund the Texas Traumatic Brain Injury Advisory Board.
3. **Reimbursement of Advisory Committee Members.** Pursuant to V.T.C.A., Government Code, Section 2110.004, reimbursement of expenses for Advisory Committee Members, out of funds appropriated above, is limited to the following advisory committees: State Independent Living Council, Texas Rehabilitation Advisory Council, Planning Council for Developmental Disabilities, Medical Consultation Committee, Deaf-Blind Advisory Committee, Comprehensive Rehabilitation Advisory Committee, Community Rehabilitation Advisory Committee, Regional Consumer Advisory Committee, and Texas Traumatic Brain Injury Advisory Board.
4. **Subrogation Receipts.** Included in amounts appropriated above are subrogation receipts collections from the 2000-01 biennium, which are \$50,000 annually.
5. **Sunset Contingency.** Funds appropriated above for fiscal year 2001 for the Rehabilitation Commission are made contingent on the continuation of the Rehabilitation Commission by the Legislature. In the event that the agency is not continued, the funds appropriated for fiscal year 2000 or as much thereof as may be necessary are to be used to provide for the phase out of agency operations.

REHABILITATION COMMISSION
(Continued)

6. **Sunset Contingency.** Funds appropriated above in Strategy C.1.1., in the amount of \$4,032,212 for fiscal year 2001 for the Developmental Disabilities Council are made contingent on the continuation of the Developmental Disabilities Council by the Legislature. In the event the council is not continued, the funds, \$4,025,854 appropriated for the fiscal year 2000 or as much there of as may be necessary are to be used to provide for the phase out of council operations.
7. **Notification of Federal Funds Distribution.** The Texas Rehabilitation Commission shall notify the Legislative Budget Board and the Governor of its intent to redirect General Revenue funds to obtain additional federal funds for the Vocational Rehabilitation program. The notification shall include the original purpose and item of appropriation for which the General Revenue Funds were appropriated, and the effect on measures and/or full-time equivalent positions for all affected strategies. The notification shall be made at least 30 days prior to requesting additional federal funding for the Vocational Rehabilitation program.
8. **FTE Designation: Disability Council.** The Texas Rehabilitation Commission is authorized up to 2,603.5 in 2000 and 2,603.5 in 2001 in Full-Time Equivalent (FTE) positions. It is the intent of the Legislature that 17 FTEs each fiscal year are designated for Strategy C.1.1., Promote Independence, for the Developmental Disabilities Council.
9. **Contingency Reduction in Appropriations for House Bill 1402.** Contingent upon the enactment of House Bill 1402, Seventy-sixth Legislature, Regular Session, or similar legislation relating to limiting payments for services to the standard Medicare rates, the Rehabilitation Commission general revenue appropriations shall be reduced by \$915,900 in fiscal year 2000 and \$1,512,300 in fiscal year 2001.

Retirement and Group Insurance

	For the Years Ending	
	August 31, 2000	August 31, 2001
A. Goal: EMPLOYEES RETIREMENT SYSTEM		
A.1.1. Strategy: RETIREMENT CONTRIBUTIONS Provide an actuarially sound level of funding as defined by state law. Estimated	\$ 86,373,374	\$ 88,546,389
A.1.2. Strategy: GROUP INSURANCE Provide a basic health care and life insurance program for general state employees. Estimated	<u>\$ 198,851,670</u>	<u>\$ 209,334,700</u>
Total, Goal A: EMPLOYEES RETIREMENT SYSTEM	<u>\$ 285,225,044</u>	<u>\$ 297,881,089</u>
Grand Total, RETIREMENT AND GROUP INSURANCE	<u><u>\$ 285,225,044</u></u>	<u><u>\$ 297,881,089</u></u>
Method of Financing:		
General Revenue Fund, estimated	\$ 135,396,122	\$ 139,918,542
General Revenue Fund - Dedicated, estimated	1,909,535	1,986,824

Retirement and Group Insurance
(Continued)

Federal Funds, estimated	147,912,237	155,968,182
Other Special State Funds, estimated	<u>7,150</u>	<u>7,541</u>
Total, Method of Financing	<u><u>\$ 285,225,044</u></u>	<u><u>\$ 297,881,089</u></u>

Social Security and Benefit Replacement Pay

	For the Years Ending	
	August 31, 2000	August 31, 2001
A. Goal: SOCIAL SECURITY/BENEFIT REPLACEMENT		
To provide funding to the Comptroller of Public Accounts for Social Security Contributions and Benefit Replacement Pay.		
A.1.1. Strategy: STATE MATCH -- EMPLOYER Provide an employer match for Social Security contributions. Estimated	\$ 107,020,239	\$ 109,712,660
A.1.2. Strategy: BENEFIT REPLACEMENT PAY Provide Benefit Replacement Pay to eligible employees. Estimated	<u>\$ 34,288,207</u>	<u>\$ 31,199,444</u>
Total, Goal A: SOCIAL SECURITY/BENEFIT REPLACEMENT	<u>\$ 141,308,446</u>	<u>\$ 140,912,104</u>
Grand Total, SOCIAL SECURITY AND BENEFIT REPLACEMENT PAY	<u><u>\$ 141,308,446</u></u>	<u><u>\$ 140,912,104</u></u>
Method of Financing:		
General Revenue Fund, estimated	\$ 65,487,147	\$ 65,316,250
General Revenue Fund - Dedicated, estimated	1,129,972	1,130,484
Federal Funds, estimated	74,686,086	74,460,200
Other Special State Funds, estimated	<u>5,241</u>	<u>5,170</u>
Total, Method of Financing	<u><u>\$ 141,308,446</u></u>	<u><u>\$ 140,912,104</u></u>

Bond Debt Service Payments

	For the Years Ending	
	August 31, 2000	August 31, 2001
A. Goal: FINANCE CAPITAL PROJECTS		
To provide funding to the Texas Public Finance Authority for the payment of general obligation bond debt service requirements.		
A.1.1. Strategy: BOND DEBT SERVICE	\$ 18,798,640	\$ 18,031,135
		<u>& U.B.</u>
Make general obligation bond debt service payments in compliance with bond covenants.		
Grand Total, BOND DEBT SERVICE PAYMENTS	<u>\$ 18,798,640</u>	<u>\$ 18,031,135</u>
Method of Financing:		
General Revenue Fund	\$ 18,436,202	\$ 17,690,569
Current Fund Balance	<u>362,438</u>	<u>340,566</u>
Total, Method of Financing	<u>\$ 18,798,640</u>	<u>\$ 18,031,135</u>

Lease Payments

	For the Years Ending	
	August 31, 2000	August 31, 2001
Out of the General Revenue Fund:		
A. Goal: FINANCE CAPITAL PROJECTS		
To provide funding to the General Services Commission for payment to Texas Public Finance Authority for the payment of revenue bond debt service requirements.		
A.1.1. Strategy: LEASE PAYMENTS	\$ 7,255,161	\$ 7,565,378
		<u>& U.B.</u>
Make lease payments to the Texas Public Finance Authority on facilities financed through the Texas Public Finance Authority.		
Grand Total, LEASE PAYMENTS	<u>\$ 7,255,161</u>	<u>\$ 7,565,378</u>

SPECIAL PROVISIONS RELATING TO ALL HEALTH AND HUMAN SERVICES AGENCIES

Sec. 2. **Special Provisions.** The following special provisions, unless otherwise specified, shall apply to all health and human service agencies covered by this article.

1. **Night Shift Differential.** The Department of Mental Health and Mental Retardation, the Department of Health, and the Health and Human Services Consolidated Print Shop are authorized to pay an additional night shift salary differential not to exceed 10 percent of the monthly pay rate to personnel who work the 3 p.m. to 11 p.m. or the 11 p.m. to 7 a.m. shift or its equivalent.
2. **Services to Employees.** Out of the appropriations authorized, the Department of Mental Health and Mental Retardation and Department of Health may expend funds for the provision of first aid or other minor medical attention for employees injured in the course and scope of their employment and for the repair and/or replacement of employees' items of personal property which are damaged or destroyed in the course and scope of their employment so long as such items are medically prescribed equipment. Expenditures for such equipment may not exceed \$500 per employee per incident.
3. **Charges to Employees and Guests.** Collections for services rendered employees and guests shall be made by a deduction from the recipient's salary or by cash payment in advance. Such deductions and other receipts for these services from employees and guests are hereby reappropriated to the facility. Refunds of excess collections shall be made from the appropriation to which the collection was deposited.
 - a. As compensation for services rendered and notwithstanding any other provision in this Act, any facility under the jurisdiction of the respective governing boards may provide free meals for food service personnel and volunteer workers, and may furnish housing facilities, meals and laundry service in exchange for services rendered by interns, chaplains in training, and student nurses.
4. **New or Additional Facilities.** No funds appropriated may be spent for constructing new or additional facilities or for the purchase of sites therefor, without specific authorization of the Legislature. All facilities shall be kept where they are located by the Legislature, and all new buildings to be constructed shall be on these sites unless otherwise specifically authorized by the Legislature. For the purpose of this subsection, specific authorization may be granted either by basic statute or special authorization in this act.
5. **Revolving Petty Cash Funds.** Each facility under the Board of Health and Board of Mental Health and Mental Retardation may establish a petty cash fund to be maintained in cash or at a local bank. The petty cash fund, not to exceed \$25,000, shall be used only for making emergency payments and small purchases which will increase the efficiency of the operation; for payments to client workers on a regular payday basis; for use as change funds in specific locations where financial activities of the agency require a change fund, and for supplies and equipment purchases for sheltered workshops.
6. **Out-patient Clinics.**
 - a. Unless otherwise restricted, the Board of Health and Board of Mental Health and Mental Retardation shall charge for treatment and medication to patients treated on an out-patient basis at rates not to exceed the actual cost. An additional charge may be made for medication dispensed to patients at a rate not to exceed the cost to the State. Fee schedules for services and medications provided shall be reviewed on an annual basis. All fee schedules shall be based on the ability to pay on a sliding scale basis.

**SPECIAL PROVISIONS RELATING
TO ALL HEALTH AND HUMAN SERVICES AGENCIES**
(Continued)

- b. Unless otherwise restricted, proceeds from the sale of medications and from treatment are hereby reappropriated to the respective out-patient clinics or facilities.
7. **Data Processing Personnel.** The Department of Health, Department of Human Services, Department of Mental Health and Mental Retardation, and the Department of Protective and Regulatory Services may pay an evening or night shift salary differential not to exceed fifteen percent (15%) of the monthly pay rate to personnel in data processing operations who work the 3:00 p.m. to 11:00 p.m. shift or 11:00 p.m. to 7:00 a.m. shift, or their equivalents. A weekend shift salary differential not to exceed five percent (5%) of the monthly pay rate may be paid to persons who work weekend shifts. The evening or night shift salary differential may be paid in addition to the weekend shift salary differential for persons working weekend, evening or night shifts.
8. **Interagency Transfers.** As an exception to other provisions of this Act, the Commissioner of Health and Human Services is authorized to transfer funds between the health and human services agencies listed in Section 531.001, Government Code, subject to prior approval of the Governor and the Legislative Budget Board. No one transfer action may exceed 5 percent of the total yearly appropriation amount of the agency from which funds are being transferred. All transfers pursuant to this provision made shall be reported to the Governor's Office of Budget and Planning, and the Legislative Budget Board within 14 days of the transfer action.
9. **Approval of Transfers of Medicaid - Title XIX Funds.** As an exception to other provisions of this Act, a transfer that exceeds \$1 million of funds appropriated for Medicaid - Title XIX purposes between strategies of an agency receiving appropriations in this article cannot be made without the prior approval of the Commissioner of Health and Human Services established in Chapter 531 of the Government Code. The Commissioner shall establish procedures that expedite the approval process. Within 14 days of the transfer, agencies are to submit a report to the Legislative Budget Board, Governor's Office of Budget and Planning, and the Comptroller of Public Accounts. The report shall include information regarding affected strategies; method of finance; performance measure changes; and full-time equivalent positions due to the transfer of Medicaid funding.
10. **Annual Report - Professional Fee Exemption.** It is the intent of the Legislature that the Annual Report required by the General Provisions of this Act shall not include professional fees paid for routine or special examinations for the purpose of determining eligibility of individuals for any of the programs administered by the agencies in this article, professional fees for treatment, services or care for individual recipients, or for providing special needs or appliances for individual recipients, but shall include fees for professional services or consultative services rendered for the general administration of the department.
11. **Disposition of State Funds Available Resulting from Federal Match Ratio Change.** In the event the Federal Medical Assistance Percentage should be greater than 61.36 percent for federal fiscal year 2001, the following departments shall be authorized to expend the state funds thereby made available only to the extent authorized in writing by the Legislative Budget Board and Governor's Office of Budget and Planning: Department of Health; Department of Human Services; Department of Mental Health and Mental Retardation; and Department of Protective and Regulatory Services. A copy of such authorization shall be provided to the Comptroller of Public Accounts to assist in monitoring compliance with this provision.
12. **Costs Related to Co-location of Services and to Inter-agency Sharing of Support Functions and Services.** To provide an efficient and effective method of paying common support costs related to co-location of human services as required pursuant to the provision of Chapter 531 of the Government Code, and/or costs of performing support functions for multiple agencies, funds may be transferred between agencies for payment of such costs and agencies are authorized to deposit those funds into separate accounts for the purpose of paying shared costs

**SPECIAL PROVISIONS RELATING
TO ALL HEALTH AND HUMAN SERVICES AGENCIES**
(Continued)

including, but not limited to, postage, occupancy costs, equipment repair, telephones and telephone system costs, office printing costs, supplies, freight and transport costs, electronic data processing systems, or other business functions. Each agency shall be responsible for monthly allocations of these costs to the original strategies.

13. **Contracts for Purchase of Client Services.** No funds appropriated to an agency covered by this article may be utilized for contracts for the purchase of program-related client services unless:
 - a. such contracts include clearly defined goals, outputs, and measurable outcomes which directly relate to program objectives;
 - b. such contracts include clearly defined sanctions or penalties for noncompliance with contract terms and conditions;
 - c. such contracts specify the accounting, reporting, and auditing requirements applicable to funds received under the contract;
 - d. the agency has implemented a formal program using a risk assessment methodology to monitor compliance with financial and performance requirements under the contract, including a determination of whether performance objectives have been achieved; and
 - e. the agency has implemented a formal program to obtain and evaluate program costs information to ensure that all costs, including administrative costs, are reasonable and necessary to achieve program objectives.
14. **Attorney General Representation.** The Attorney General and the respective agency head of an agency identified in this provision are hereby authorized to jointly select one or more Assistant Attorneys General to be assigned to the respective agency. The following agencies are subject to this provision: Department of Health, Department of Human Services, Department of Mental Health and Mental Retardation, Health and Human Services Commission, and Department of Protective and Regulatory Services.
15. **Medicaid Managed Care Contracts.** The Health and Human Services Commission, Department of Health, Department of Human Services and the Department of Mental Health and Mental Retardation shall include and award value added points in the scoring of applications submitted for Medicaid managed care contracts. At a minimum, the following considerations are to be considered as items for value added points:
 - a. Continuity of care for the Medicaid client;
 - b. Graduate Medical Education as part of the delivery system; and
 - c. Amount of charity care provided by the party applying for a contract award.
16. **Transfer of Fund Balances.** Any interest, payments on principal, or balances remaining as of August 31, 1999, in Fund Numbers 15, 16, 17, and 18 are to be transferred by the State Comptroller of Public Accounts to the General Revenue Fund either annually or semiannually.
17. **Consolidated Waiver Pilot Project Authorization.** From funds appropriated in Article II for Medicaid waivers that serve people with disabilities, the Health and Human Services Commission is authorized to utilize up to \$2,500,000 for the biennium to develop and implement a pilot waiver program that would consolidate waiver services provided to eligible clients. Waiver programs affected under this provision include the Community Based Alternatives and Community Living Assistance and Support Services waivers at the Department of Human Services, the Medically Dependent Children's Waiver at the Department of Health,

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and the Home and Community Services waiver at the Department of Mental Health and Mental Retardation.

18. **Functional Assessment for Disability Services.** The Health and Human Services Commission is authorized to continue implementation of the provisions of House Bill 663, Seventy-fifth Legislature, requiring the development of a single functional assessment for all disability services. The health and human services agencies that provide long-term care programs based on a determination of disability as an eligibility criterion shall contribute, from amounts appropriated in this Article, a total of \$125,000 to the Health and Human Services Commission for development of the assessment tool. The Health and Human Services Commission shall determine the amounts to be contributed by each agency.
19. **Children's Medicaid Review.** The Department of Human Services shall implement procedures to automatically review children's eligibility for Medicaid when their families become ineligible for Temporary Assistance for Needy Families (TANF) and to ensure that their Medicaid coverage continues uninterrupted if they are eligible. The Department of Health and the Department of Human Services shall cooperate to ensure that the child continues to receive medical assistance without a gap in eligibility if the review required by this rider indicates that the child is eligible for medical assistance on another basis. The Department of Health shall make expenditures, out of funds appropriated above, in the Medicaid program for children determined to be eligible for the Medicaid program. No child shall receive Medicaid unless they are eligible because of their income level.
20. **Transfer Authority Contingent on House Bill 2641.** Contingent on the enactment of House Bill 2641, Seventy-sixth Legislature, or similar legislation continuing the Health and Human Services Commission, the Commissioner of Health and Human Services is authorized to make the following transfers, subject to prior approval by the Legislative Budget Board and the Governor, between health and human services agencies listed in HB 2641, including the Health and Human Services Commission, and between the strategies of each such agency, for the purpose of implementing the provisions of HB 2641 or similar legislation. Any such transfers shall be made solely for purpose of creating an efficient, integrated system of business operations across health and human service agencies, for achieving the efficient and effective operation of the Medicaid program, to maximize federal funds, or for other purposes specifically described in HB 2641 or similar legislation.
 - a. The Commissioner of Health and Human Services is authorized to transfer funds between health and human services agencies listed in HB 2641 including the Health and Human Services Commission, and between the strategies of each such agency, for the purpose of implementing the provisions of HB 2641 or similar legislation.
 - b. The Commissioner of Health and Human Services is authorized to transfer full-time equivalent positions 1) between the agencies named in HB 2641 and 2) from agencies named in HB 2641 to the Health and Human Services Commission, provided that such transfers shall not result in a net increase in the total number of full-time equivalent positions authorized for those agencies in this Act.
 - c. Funds appropriated to agencies listed in HB 2641 or similar legislation for capital budget items may only be expended for capital budget items listed in this article. Amounts shall be expended only for the purposes shown and are not available for expenditure for other purposes. In order to achieve the purposes of HB 2641, the Commissioner of Health and Human Services is authorized to transfer appropriations for capital budget items. Amounts appropriated for "Lease Payments to the Master Equipment Purchase Program" may not be transferred.

**SPECIAL PROVISIONS RELATING
TO ALL HEALTH AND HUMAN SERVICES AGENCIES**
(Continued)

- d. All fund transfers, transfers of full-time equivalent employees and transfer of appropriation authority for capital budget items made pursuant to this section shall be reported to the Governor's Office of Budget and Planning and the Legislative Budget Board no later than 30 days prior to the transfer action. Notifications shall include information regarding the source of funds to be transferred, and any changes in federal funds related to the proposed transfer, the agency and strategy from which the transfer is to be made and the agency and strategy to which the transfer is to be made, the need which was to be served through the original appropriation and the basis for the decrease in need, the need to be served in the strategy receiving the funds and the basis for selecting the strategy, and the purpose established in HB 2641 or similar legislation to be achieved by the transfer. In the event that the transfer could potentially impact client services, the notification shall include information regarding the client population potentially impacted and the impacted agencies' ability to operate existing programs.
21. **Contingency Reduction in Appropriations for House Bill 2641.** Contingent upon enactment of House Bill 2641, Seventy-sixth Legislature, or similar legislation relating to the continuation and functions of the operations of the Health and Human Services Commission, the Health and Human Services Commissioner shall identify \$284,020 in fiscal year 2001 from General Revenue Fund appropriations among Article II agencies to be reduced. The Commissioner shall identify the amounts by agency, strategy, and affected performance measures and report them to the Comptroller of Public Accounts, Legislative Budget Board and Governor. The reductions shall be made by September 1, 2000.
22. **Contingency Appropriation for Senate Bill 1587.** Contingent upon enactment of Senate Bill 1587, Seventy-sixth Legislature, or similar legislation, the Department of Human Services is hereby appropriated from the General Revenue Fund, \$875,000 to match with federal funds in fiscal year 2000 for the purpose of adapting its automated systems during the 2000-01 biennium and the Health and Human Services Commission is hereby appropriated \$390,000 from the General Revenue Fund each year of the biennium to match with federal funds for the purpose of enhanced efforts related to verification efforts of Medicaid services. The Commissioner of Health and Human Services shall identify \$8,450,000 from the General Revenue Fund appropriations among Article II agencies operating the Medicaid program in fiscal year 2001 to be reduced. The Commissioner shall identify the amounts by agency, strategy, and affected performance measures and report them to the Comptroller of Public Accounts, Legislative Budget Board and Governor. The reductions shall be made by September 1, 2000.
23. **Contingency Appropriation: Senate Bill 358.** Contingent upon enactment of Senate Bill 358, or similar legislation transferring licensing, surveying, and regulation activities related to intermediate care facilities for the mentally retarded, by the Seventy-sixth Legislature, Regular Session, any funds and full-time equivalent positions authorized to be transferred from one agency to another agency are hereby appropriated to the receiving agency for the biennium beginning September 1, 1999. The authorized number of full-time equivalent positions for an agency transferring full-time equivalent positions are hereby reduced by the number of positions transferred by that agency. The authorized number of full-time equivalent positions for an agency receiving full-time equivalent positions are hereby increased by the number of positions received by that agency. The Health and Human Services Commissioner shall oversee and approve the transfer process and shall notify the Legislative Budget Board and the Governor 30 days prior to the transfers. The notification shall identify funding amounts (including methods of finance), affected strategies, performance measures and number of full-time equivalent positions.
24. **Contingency Appropriation: Senate Bill 374.** Contingent upon enactment of Senate Bill 374, or similar legislation transferring funding and full-time equivalent positions for certain long-term care programs, by the Seventy-sixth Legislature, Regular Session, any funds and full-time

**SPECIAL PROVISIONS RELATING
TO ALL HEALTH AND HUMAN SERVICES AGENCIES**
(Continued)

equivalent positions authorized to be transferred from one agency to another agency are hereby appropriated to the receiving agency for the biennium beginning September 1, 1999. The authorized number of full-time equivalent positions for an agency transferring full-time equivalent positions are hereby reduced by the number of positions transferred by that agency. The authorized number of full-time equivalent positions for an agency receiving full-time equivalent positions are hereby increased by the number of positions received by that agency. The Health and Human Services Commissioner shall oversee and approve the transfer process and shall notify the Legislative Budget Board and the Governor 30 days prior to the transfers. The notification shall identify funding amounts (including methods of finance), affected strategies, performance measures and number of full-time equivalent positions.

**RECAPITULATION - ARTICLE II
HEALTH AND HUMAN SERVICES
(General Revenue)**

	For the Years Ending August 31, 2000	August 31, 2001
	<u>2000</u>	<u>2001</u>
Aging, Department on	\$ 7,514,141	\$ 7,514,141
Rider Appropriations	<u>111,000</u>	<u>121,000</u>
Total	7,625,141	7,635,141
Alcohol and Drug Abuse, Commission on	27,256,268	27,256,268
Blind, Commission for the	10,229,605	10,241,417
Contingency Appropriations	<u>-74,976</u>	<u>-74,976</u>
Total	10,154,629	10,166,441
Cancer Council	4,020,444	4,020,444
Children's Trust Fund of Texas Council		
Deaf and Hard of Hearing, Commission for the	981,508	981,508
Early Childhood Intervention, Interagency Council on	33,204,601	33,204,601
Health, Department of	2,359,685,884	2,336,966,627
Contingency Appropriations	<u>5,027,546</u>	<u>5,064,064</u>
Total	2,364,713,430	2,342,030,691
Health and Human Services Commission	7,167,982	7,167,982
Human Services, Department of	1,418,401,833	1,370,766,677
Mental Health and Mental Retardation, Department of	974,038,622	975,215,384
Protective and Regulatory Services, Department of	217,117,929	221,765,079
Rehabilitation Commission	48,026,767	49,463,840
Contingency Appropriations	<u>-915,900</u>	<u>-1,512,300</u>
Total	47,110,867	47,951,540
Subtotal, Health and Human Services	<u>\$ 5,111,793,254</u>	<u>\$ 5,048,161,756</u>
Retirement and Group Insurance	135,396,122	139,918,542
Social Security and Benefit Replacement Pay	<u>65,487,147</u>	<u>65,316,250</u>
Subtotal, Employee Benefits	<u>\$ 200,883,269</u>	<u>\$ 205,234,792</u>
Bond Debt Service Payments	18,436,202	17,690,569
Lease Payments	<u>7,255,161</u>	<u>7,565,378</u>
Subtotal, Debt Service	<u>\$ 25,691,363</u>	<u>\$ 25,255,947</u>
Article II, Special Provisions		
Contingency Appropriations	<u>1,265,000</u>	<u>-8,344,020</u>
Total	<u>1,265,000</u>	<u>-8,344,020</u>
TOTAL, ARTICLE II - Health and Human Services	<u><u>\$ 5,339,632,886</u></u>	<u><u>\$ 5,270,308,475</u></u>

RECAPITULATION - ARTICLE II
HEALTH AND HUMAN SERVICES
(General Revenue - Dedicated)

	For the Years Ending August 31, 2000	August 31, 2001
Aging, Department on	\$	\$
Alcohol and Drug Abuse, Commission on		
Blind, Commission for the	1,476,782	1,476,782
Cancer Council		
Children's Trust Fund of Texas Council	1,900,488	1,900,487
Deaf and Hard of Hearing, Commission for the		
Early Childhood Intervention, Interagency Council on		
Health, Department of	194,592,590	205,590,554
Rider Appropriations	798,077	837,469
Total	195,390,667	206,428,023
Health and Human Services Commission		
Human Services, Department of	4,300,000	4,300,000
Mental Health and Mental Retardation, Department of	8,669,527	100,000
Protective and Regulatory Services, Department of	1,374,758	1,374,758
Rehabilitation Commission	8,300,000	8,300,000
Subtotal, Health and Human Services	\$ 221,412,222	\$ 223,880,050
Retirement and Group Insurance	1,909,535	1,986,824
Social Security and Benefit Replacement Pay	1,129,972	1,130,484
Subtotal, Employee Benefits	\$ 3,039,507	\$ 3,117,308
Bond Debt Service Payments		
Lease Payments		
Subtotal, Debt Service	\$	\$
Article II, Special Provisions		
TOTAL, ARTICLE II - Health and Human Services	\$ 224,451,729	\$ 226,997,358

**RECAPITULATION - ARTICLE II
HEALTH AND HUMAN SERVICES
(Federal Funds)**

	For the Years Ending	
	August 31, 2000	August 31, 2001
Aging, Department on	\$ 52,821,094	\$ 52,821,095
Alcohol and Drug Abuse, Commission on	136,288,867	135,628,326
Blind, Commission for the	35,002,379	35,684,062
Cancer Council		
Children's Trust Fund of Texas Council	1,827,353	1,827,365
Deaf and Hard of Hearing, Commission for the		
Early Childhood Intervention, Interagency Council on	45,785,966	49,303,324
Contingency Appropriations	50,000	
Total	45,835,966	49,303,324
Health, Department of	3,907,182,829	3,848,719,274
Health and Human Services Commission	6,176,876	9,413,780
Human Services, Department of	2,400,952,866	2,336,342,930
Mental Health and Mental Retardation, Department of	689,818,568	695,413,351
Protective and Regulatory Services, Department of	429,575,507	431,171,567
Rehabilitation Commission	219,848,546	221,069,964
Subtotal, Health and Human Services	\$ 7,925,330,851	\$ 7,817,395,038
Retirement and Group Insurance	147,912,237	155,968,182
Social Security and Benefit Replacement Pay	74,686,086	74,460,200
Subtotal, Employee Benefits	\$ 222,598,323	\$ 230,428,382
Bond Debt Service Payments		
Lease Payments		
Subtotal, Debt Service	\$	\$
Article II, Special Provisions		
Contingency Appropriations	1,265,000	-13,028,530
Total	1,265,000	-13,028,530
TOTAL, ARTICLE II - Health and Human Services	\$ 8,149,194,174	\$ 8,034,794,890

**RECAPITULATION - ARTICLE II
HEALTH AND HUMAN SERVICES
(Other Funds)**

	For the Years Ending	
	August 31, 2000	August 31, 2001
Aging, Department on	\$	\$
Alcohol and Drug Abuse, Commission on	1,411,935	1,411,935
Blind, Commission for the	998,810	998,810
Cancer Council		
Children's Trust Fund of Texas Council	131,500	131,500
Deaf and Hard of Hearing, Commission for the	878,237	886,237
Rider Appropriations	50,000	50,000
Total	928,237	936,237
Early Childhood Intervention, Interagency Council on		
Health, Department of	24,094,005	24,090,540
Contingency Appropriations	2,500,000	2,500,000
Total	26,594,005	26,590,540
Health and Human Services Commission	1,127,838	3,370,322
Human Services, Department of	34,661,556	25,743,019
Mental Health and Mental Retardation, Department of	70,784,070	68,796,008
Protective and Regulatory Services, Department of	5,390,787	5,257,471
Rehabilitation Commission	431,443	431,443
Subtotal, Health and Human Services	\$ 142,460,181	\$ 133,667,285
Retirement and Group Insurance	7,150	7,541
Social Security and Benefit Replacement Pay	5,241	5,170
Subtotal, Employee Benefits	\$ 12,391	\$ 12,711
Bond Debt Service Payments	362,438	340,566
Lease Payments		
Subtotal, Debt Service	\$ 362,438	\$ 340,566
Article II, Special Provisions		
Less Interagency Contracts	\$ 41,165,442	\$ 44,121,769
TOTAL, ARTICLE II - Health and Human Services	\$ 101,669,568	\$ 89,898,793

**RECAPITULATION - ARTICLE II
HEALTH AND HUMAN SERVICES
(All Funds)**

	For the Years Ending August 31, 2000	August 31, 2001
	<u>2000</u>	<u>2001</u>
Aging, Department on	\$ 60,335,235	\$ 60,335,236
Rider Appropriations	<u>111,000</u>	<u>121,000</u>
Total	60,446,235	60,456,236
Alcohol and Drug Abuse, Commission on	164,957,070	164,296,529
Blind, Commission for the	47,707,576	48,401,071
Contingency Appropriations	<u>-74,976</u>	<u>-74,976</u>
Total	47,632,600	48,326,095
Cancer Council	4,020,444	4,020,444
Children's Trust Fund of Texas Council	3,859,341	3,859,352
Deaf and Hard of Hearing, Commission for the	1,859,745	1,867,745
Rider Appropriations	<u>50,000</u>	<u>50,000</u>
Total	1,909,745	1,917,745
Early Childhood Intervention, Interagency Council on	78,990,567	82,507,925
Contingency Appropriations	<u>50,000</u>	<u>50,000</u>
Total	79,040,567	82,507,925
Health, Department of	6,485,555,308	6,415,366,995
Rider Appropriations	798,077	837,469
Contingency Appropriations	<u>7,527,546</u>	<u>7,564,064</u>
Total	6,493,880,931	6,423,768,528
Health and Human Services Commission	14,472,696	19,952,084
Human Services, Department of	3,858,316,255	3,737,152,626
Mental Health and Mental Retardation, Department of	1,743,310,787	1,739,524,743
Protective and Regulatory Services, Department of	653,458,981	659,568,875
Rehabilitation Commission	276,606,756	279,265,247
Contingency Appropriations	<u>-915,900</u>	<u>-1,512,300</u>
Total	<u>275,690,856</u>	<u>277,752,947</u>
Subtotal, Health and Human Services	<u>\$ 13,400,996,508</u>	<u>\$ 13,223,104,129</u>
Retirement and Group Insurance	285,225,044	297,881,089
Social Security and Benefit Replacement Pay	<u>141,308,446</u>	<u>140,912,104</u>
Subtotal, Employee Benefits	<u>\$ 426,533,490</u>	<u>\$ 438,793,193</u>

RECAPITULATION - ARTICLE II
HEALTH AND HUMAN SERVICES
(All Funds)
(Continued)

	For the Years Ending	
	August 31, 2000	August 31, 2001
	<u> </u>	<u> </u>
Bond Debt Service Payments	18,798,640	18,031,135
Lease Payments	<u>7,255,161</u>	<u>7,565,378</u>
Subtotal, Debt Service	<u>\$ 26,053,801</u>	<u>\$ 25,596,513</u>
Article II, Special Provisions		
Contingency Appropriations	<u>2,530,000</u>	<u>-21,372,550</u>
Total	<u>2,530,000</u>	<u>-21,372,550</u>
Less Interagency Contracts	<u>\$ 41,165,442</u>	<u>\$ 44,121,769</u>
TOTAL, ARTICLE II - Health and Human Services	<u><u>\$ 13,814,948,357</u></u>	<u><u>\$ 13,621,999,516</u></u>
Number of Full-time Equivalent Positions (FTE)	52,569.5	51,412.5